Clinical Lectures

DELIVERED AT

THE ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS,

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LECTURE II.

IRITIS.

GENTLEMEN,—Although we may distinguish four different forms of iritis—namely, the simple, the serous, the parenchymatous, and the syphilitic,—there are certain symptoms more or less common to all of them. Thus, there is generally some conjunctival and subconjunctival injection, the latter giving rise to the rosy zone of small parallel vessels round the cornea. The eyelids are perhaps swollen, red, and puffy; and there may be a considerable amount of serous chemosis surrounding the cornea. The degree of photophobia and lachrymation is very variable. The same is the case with the pain, which, especially at the outset, may be but slight, but is more frequently severe, assuming a sharp lancinating character, being situated deep in the eye, and extending thence to the forehead and side of the nose (ciliary neuralgia); indeed there is often great neuralgia of the branches of the fifth nerve. In pure, uncomplicated iritis, the eyeball is but slightly sensitive to the touch; hence, if sharp pain is caused when the ciliary region is pressed by the tip of the finger, it is always a sign of the coexistence of inflammation of the ciliary body (cyclitis). The iris is somewhat dull, lack-lustre, and discoloured, which is partly due to hyperæmia and partly to an effusion into its structure; on account of this effusion and the hypertrophy of the connective tissue, the fibrillæ of the iris are also indistinct and blurred. The pupil is generally sluggish and contracted. Its edge is perhaps irregular, and tied down by small beads of lymph to the anterior capsule, these adhesions being termed "posterior synechiæ." They may exist only at certain points, or may occupy the whole circumference of the pupil, leaving its area clear. This is called "annular," or "circular" synechia, or "exclusion" of the pupil. Generally, however, there is some lymph effused into the area of the pupil: this may be only a thin film; or a thick, firm nodule may completely block up the pupil, when it is termed "occlusion" of the pupil. But the effusion is not always confined to the area and margin of the pupil, but may extend back along the posterior surface of the iris, glueing this firmly to the capsule. It is important to remember this fact in performing iridectomy for iritis or irido-choroiditis. The lymph may also occupy the surface of the iris, covering it like a thin film, or appearing in the form of small nodules or buttons: it often mixes with the aqueous humour, rendering this turbid; or it sinks down to the bottom of the anterior chamber as an hypopyon; or, again, it may become precipitated on the posterior surface of the cornea, and give rise to small punctated opacities. The sight is more or less impaired, which may be due to cloudiness of the cornea, of the aqueous humour, or of the area of the pupil. But if it is greatly deteriorated and these parts are tolerably clear, we must suspect the coexistence of an inflammation of the ciliary body or choroid, accompanied by opacity of the vitreous humour, &c. In pure iritis the eye-tension and the field of vision are normal, although the latter may be perhaps somewhat contracted on account of the smallness of the pupil and the synechiæ.

The first patient, B. W——, aged thirty-four, presents in his left eye the symptoms of *simple recurrent iritis*. The inflammatory symptoms are but very slight; the lids are normal, there is but a faint conjunctival and subconjunctival injection, but very little photophobia, and no pain or lachrymation. He reads No. 1 of Jaeger. On close inspection, we notice that the iris is slightly discoloured, and the pupil partially occupied by a thin film of lymph; but, on the application of atropine, it dilates very irregularly, and several firm and tolerably broad synechiæ spring into view. The eye-tension and the field of vision are perfectly normal. He had an attack of iritis in this eye in 1863; but was quite free from it till about a fortnight ago, when he caught cold, and the present inflammation supervened. The treatment indicated is the instillation of a strong solution of atropine, in the hopes of tearing through some of the adhesions; but if considerable synechiæ remain, and the disease shows a disposition to recur, I should strongly advise an iridectomy.

Serous iritis is chiefly distinguished by the tendency to hypersecretion of the aqueous humour and the deposition of particles of lymph on the posterior surface of the cornea, perhaps in a circular group opposite the pupil, or in the form of a pyramid, the base being formed by the larger nodules, which gravitate downwards. The aqueous humour is generally somewhat turbid, this varying often considerably in the course of a few hours. The posterior synechiæ are, as a rule, but few in number, and not very firm or broad. The anterior chamber is increased in depth, and the pupil is often somewhat dilated, which is due to an increase in the intraocular tension. The degree of the latter should therefore be frequently examined; for this serous inflammation shows a tendency to extend to the ciliary body and choroid, which is accompanied by hypersecretion and cloudiness of the vitreous humour, increase in the eye-tension, great diminution of sight, and contraction of the visual field. The symptoms of serous irido-choroiditis are well shown in the next patient,

H. D——, aged fifteen. His eyes have been affected for some months; and you observe in both that the anterior chamber is rather deep, the aqueous humour somewhat clouded, and numerous punctated opacities are strewn over the posterior surface of the cornea, and arranged somewhat pyramidally. A few posterior synechiæ existed in the right eye, but they have yielded to atropine; and this pupil is circular. In the left eye some synechiæ are still remaining. So far the disease shows only the symptoms of serous iritis; but, on further examination, we find that the vitreous humour is somewhat hazy, showing both floating and fixed opacities. At one time these were very considerable, and caused great impairment of vision; but the vitreous has lately cleared very much, and the sight has improved correspondingly. Although the eye-tension has been somewhat increased, especially in the left eye, this was not considerable; and as the deterioration of sight corresponded to the cloudiness of the media, and the visual field remained good, there was no call for operative interference. The sight is now so good that he can read (with the aid of a convex lens to neutralise the effect of the atropine) words of No. 1 with the left eye, and of No. 2 with the right. The boy is delicate, and somewhat strumous; but there is no trace of hereditary syphilis. The treatment has consisted in the continued use of atropine, an occasional blister behind the ears, and the administration of quinine and steel, together with a generous diet.

Parenchymatous or suppurative iritis is principally characterised by a plastic exudation into the parenchyma of the iris, as well as at the edge of the pupil and in its area. The fibrillæ of the iris become much thickened and swollen, its anterior surface hazy and indistinct, which is due to the effusion of lymph, which may appear only as a thin veil or assume a more purulent character, little yellow nodules (which must not, however, be mistaken for syphilitic buttons) being strewn about on the surface of the iris. The aqueous humour becomes turbid from the admixture of lymph and pus, which may sink down and produce hypopyon. The posterior synechiæ are broad and firm, and the pupil is often blocked up by a thick nodule of lymph. From the great impediment in the circulation of the iris, numerous dilated veins may be observed on its surface. Suppurative iritis is not unfrequently accompanied by a similar inflammation of the ciliary body and choroid.

Syphilitic iritis generally assumes a suppurative character, and is, moreover, specially characterised by two peculiarities—viz., the often somewhat partial character of the inflammation, and the appearance of tuberculous nodules or condylomata (gummy tubercles of Virchow) scattered about singly over a part or the whole of the iris. They are imbedded deeply in the parenchyma, being developed from the connective tissue. As they increase in size, they push aside the fibrillæ, and sprout further and further into

the anterior chamber. Although the presence of these tubercles may be taken as a sure indication of the syphilitic origin of the iritis, you must remember that iritis due to syphilis very frequently does not assume this character, but appears in the simple or parenchymatous form. This has occurred in the third patient, in whom the iritis, which was due to syphilis, showed itself only as a tolerably mild form of parenchymatous iritis.

Amongst the various causes of iritis must be especially mentioned rheumatism; exposure to cold winds, damp, &c.; syphilis; and wounds and injuries of the eye. Traumatic iritis often assumes the parenchymatous or suppurative form, and occasionally the serous. Iritis may also supervene secondarily upon an inflammation of other tissues of the eye.

With regard to the treatment, I would strongly insist upon the extreme importance of widely dilating the pupil by atropine as soon as possible. Thus the chief danger—the formation of thick, firm, posterior synechiæ—is obviated; for these synechiæ are the most fruitful source of obstinate recurrent iritis, and are often also the cause of the extension of the inflammation to the ciliary body and choroid. Moreover, the dilatation affords rest to the inflamed muscular tissue of the iris; the tension and congestion of the eye are diminished, and the ciliary neuralgia relieved. In a healthy eye an extremely weak solution of atropine will suffice to produce wide dilatation; but in iritis a strong solution (four grains to the ounce) is necessary; for, on account of the inflammatory swelling of the tissue of the iris, and of the effusion of lymph amongst its fibrillæ, great resistance is offered to the action of the atropine. I generally direct the patient to apply the strong solution at an interval of five minutes for half an hour at a time, to be repeated two or three times daily, until wide dilatation is obtained, or the effect is negative. But sometimes no effect is produced until the inflammatory irritation and eye-tension have been relieved by leeches or paracentesis. If the pupil is tied down by firm, unyielding synechiæ, atropine should be only used in moderation, for the purpose of soothing the eye. Should it subsequently cause irritation or conjunctivitis, a mild astringent or belladonna collyrium (extract of belladonna, half a drachm, to two ounces of distilled water) should be substituted. If the ciliary neuralgia is severe, leeches should be applied to the temple, and hot poppy or laudanum fomentations to the eye; and if the pain does not yield, a subcutaneous injection of morphia should be administered. Mercury need only be given if there is a very considerable exudation of lymph at the edge of the pupil, on the surface of the iris, or into the anterior chamber; or if there is a syphilitic taint, and the disease assumes a specific character. I prefer inunction to the administration of mercury by the mouth, and generally prescribe from half a drachm to a drachm of the mercurial ointment, to be rubbed in two or three times daily. The constant application of hot-water compresses to the eye often causes rapid absorption of the tubercles in the iris and of an hypopyon; but as they have to be continued without intermission day and night, few patients can or will submit to the trouble and inconvenience. In obstinate syphilitic iritis great benefit is also experienced from the administration of large doses of iodide of potassium. If the hypopyon is considerable, paracentesis must be performed, and, if necessary, repeated perhaps several times. But if the iritis is very severe and obstinate, resisting all remedies, more especially if there are firm and extensive synechiæ, if the pupil is occluded, or the tension markedly increased, it is best to perform iridectomy at once, for this often affords the most striking benefit. In serous iritis the free action of the skin and kidneys should be maintained, atropine should be applied, together with a suppurating blister behind the ear. If symptoms of a glaucomatous nature supervene, paracentesis may be tried; but if it does not suffice, no time must be lost in performing iridectomy. In rheumatic iritis, the administration of the oil of turpentine, as first recommended by Dr. Carmichael, often proves very efficacious, although it is apt to produce derangement of the stomach.

THE Report of the London Labourers' Dwellings Company (Limited) for the half year ended June 30th, shows that, after making due provision for a reserve fund, and for other contingencies, a dividend of £5 per cent. per annum would be declared. The directors express themselves "quite satisfied with the practical working of the plan."

SUCCESSFUL OVARIOTOMY PERFORMED IN THE FOURTH MONTH OF PREGNANCY, AFTER RUPTURE OF THE CYST AND PERITONITIS.

BY HENRY BATEMAN, F.R.C.S. ENG.

OVARIOTOMY has now succeeded in so many instances that it has fairly taken rank as a capital surgical operation, offering fairer hopes of recovery than amputations of the limbs. Individual cases of this operation have, therefore, scarcely a claim for separate publication unless they either occur in some country where it has still to make its way in general estimation, or in which some special circumstance exists to invest it with unusual interest. Such was the case in the following instance.

A married lady, thirty-six years of age, the mother of eight children, first consulted me on the 23rd of last July. On examination, I found her to have an ovarian tumour of the right side, ascites, pregnancy of about three months' duration, and extensive recto-vaginal protrusion. When twenty years of age she had twins; and, after the delivery of the second child, a tumour was discovered in the right iliac fossa, which at first gave rise to the idea that she had a third child. The mistake was soon discovered, and she had a good recovery. From this time swelling of the abdomen increased very slowly during the next sixteen years, and occasioned almost no disturbance of the system until about a fortnight before my visit. She had then a sudden attack of abdominal pain and tenderness, with sickness, and fever, followed by a marked and rapid increase of the abdominal swelling.

The case was full of peril when I was called in, for although the abdominal tenderness was subsiding, the effusion was increasing. There was considerable difficulty of breathing on lying down, and great restlessness, with scanty and deep-coloured urine, abounding in lithates.

Having suggested the propriety of consulting Mr. Spencer Wells, he saw the case with me, and entirely concurred in my diagnosis as to the presence of an ovarian tumour, with free fluid surrounding it in the peritoneal cavity, and depressing the recto-vaginal pouch, and in the existence of pregnancy about the commencement of the fourth month. We also came to the conclusion that the fluid in the peritoneal cavity was ovarian fluid, the sudden attack of pain when I was first called in having been caused, in all probability, by the rupture of part of the wall of a multilocular cyst, and the escape of the contents of a large cyst. Pain, tenderness, raised temperature, rapid pulse, dry tongue, and sickness, all pointed to diffused peritonitis, and a condition requiring immediate relief; and we agreed to offer the patient the choice of early tapping the abdomen or removing the ovary, but recommended the latter, notwithstanding the special risks arising from her pregnant condition and the peritonitis.

The patient and her husband consented to the major operation, which was admirably performed by Mr. Spencer Wells, on the 14th of August, in the presence of Dr. Junker, who administered bichloride of methylene, Professor Neugebauer (of Warsaw), Dr. Jagielski, and myself. The tumour, with its contents, and the fluid surrounding it, weighed altogether thirty-seven pounds. There was a general injection of the peritoneum, but no recent lymph. There was some omental adhesion, and one vessel there needed a ligature, which was left in the abdomen. The pedicle was secured by a clamp, and fixed outside the wound, which was united by interrupted suture. Mr. Wells was extremely careful to cleanse the peritoneal sac thoroughly of all ovarian fluid, by repeated sponging, before closing the wound.

The operation was performed a little after 6 P.M., and at 9.30 the patient had a pulse beating 96 in the minute, with a moist tongue, and a moderate amount of pain. A scruple of tincture of opium was injected, and fifteen minims given by the mouth, and citrate of potash given every three hours when thirsty, with ice occasionally. The following morning the skin was moist, the tongue clean, and the

pulse 94. Barley-water only was administered as food, and the saline and opiate continued as required. In the evening the pulse rose to 100, and there was a good deal of pain in the course of the anterior crural nerve; but the countenance was good, and the patient cheerful. From this time I never found the pulse higher than 94, and four days after the operation it had fallen to 80.

On the 9th of August, five days after the operation, the sutures were removed by Mr. Wells, in the presence of Dr. Glover, who kindly took charge of the case a fortnight during my absence from town. A large portion of the wound was healed by the first intention.

The bowels were first relieved, after six days, by injection. Just prior to this, and coincidently with a return to solid food, there was a little vomiting. But the pulse remained quiet, and, under the gradual action of repeated enemas, the vomiting was relieved. Chicken and other simple animal food was given, and a small quantity of champagne occasionally.

On my return to town, twenty days after the operation, I removed the clamp, with the remnant of the pedicle. There were some flabby granulations at the upper end of the wound and at the site of the pedicle, which required a few applications of nitrate of silver; but the rest of the wound was well healed in about nineteen days.

On the twenty-eighth day she left London for Ramsgate, in good health, and arrived there with very little fatigue.

Sept. 3rd.—The patient's husband has just returned from Ramsgate, where he left her well, and on Ramsgate Pier, in a Bath chair.

This case proves,—

1st, That ovariotomy may be performed successfully when pregnancy has advanced to the fourth month, without occasioning abortion.

2ndly, That recent peritonitis, consequent on a ruptured cyst and escape of its contents into the abdomen, is no bar to the operation.

3rdly, That both these together will not preclude ovariotomy by the hands of a skilful operator, when the patient is calm, trustful, and in all respects amenable to the directions of her medical advisers, as was the case in this instance.

Islington, Sept. 1869.

BORDERLAND.

By METCALFE JOHNSON, M.R.C.S.E.

WHAT is Insanity? This is a question which requires a more accurate distinction between volition and reflex action than we at present recognise.

After the example of M. Paul Broca, in his treatise on "Human Hybridity," we may divide sensation into four classes: Anæsthesia, associated with acephalosis; Dysæsthesia, with idiocy; Eusæsthesia, with common sense; and Hyperæsthesia, with morbid sensibility.

These divisions, like all other classifications in nature, are purely arbitrary and comparative, adapted to the limits of mental perception. As we increase the power of perception by microscopic or other means, we merely alter the relation of classification to truth. The intermediate conditions (just as in the case of black and white, light and darkness, positive and negative electricity, &c.) are imperceptibly different.

Coming events cast their shadows before. By producing convergent lines we are able to predict their point of contact. Now, in healthy and pathological anatomy we have converging lines of evidence, which cast their shadows so as to indicate the direction in which the solution of the difficulty lies.

There are certain mental conditions and pathological changes which are generally considered in the light of cause and effect.

Maudsley, speaking of volition in his recent work on the Mind, says: "A considerable proportion of the daily actions of life is confessedly due to the automatic faculty of the spinal cord." Lord Brougham ("Dissertation on Subjects of Science") makes the following remark: "May not the solitary wasp have its organs and its senses so constructed as to receive an immediate gratification from collecting and burying grubs? So the wasp's senses may make the flavour of a living caterpillar more grateful than of a dead one." This idea may be called, for the sake of convenience, Hedonism (ἡδονή).

The operation of organs under the influence of the sympathetic nerve is opposed to, and predominant over, volition—especially in disease, as witness hysteria, furor uterinus, alcoholism, &c.

Hunger is want; want is pain. Food produces relief; relief is pleasure.

Sexual desire is imperative, especially in the brutes. Relief is emphatically called gratification.

Volition in all cases requires a stimulus to call it into operation, and may be increased by use. A skilled trade, as watchmaking, cannot be performed by any exertion of the will until it has become first voluntary, and finally automatic by practice. Metaphysicians, from St. Paul to Hegel, have seen the difficulty expressed in the words: "I see another law in my members" (sympathetic instinct) "warring against the law of my mind" (cerebro-spinal experience).

The practical bearing of this question is the relation of pathology to crime and pauperism; but the following remarks have especial reference to the class called "refractory paupers."

There is a class of persons who are neither so insane as to require restraint or seclusion, nor so sane as to be able to control themselves—persons who, instead of producing, consume the taxes, and who are occasionally brought under the notice of the Poor-law medical officer to decide whether or not they are fit subjects for the punishment necessary to enforce order in workhouses; and the question how far their refractory habits are due to pathological change is of especial interest.

In the following table is shown the relative numbers of persons at present resident in the Lancaster Workhouse, with the probable cause of their pauperism. In the final column the causes are divided into three: drink, mental disorder, and other causes.

Cause of Pauperism.	Old		Young		Total	Per Cent.*	Pr Cent. of 3 Classes.	Classes.
	Men.	Wom.	Men.	Wom.				
Drink.....	17	6	1	5	29	46	46	Drink
Insanity ...	—	2	1	1	4	6	27	Mental disorder
Feeble mind	2	2	1	1	6	8		
Idiocy	—	—	2	—	2	3		
Eccentricity	—	—	—	2	2	3		
Paralysis ...	1	1	1	—	3	4		
Epilepsy ...	2	—	—	—	2	3		
Misfortune .	2	1	3	1	7	11	21	Other causes
Laziness ...	—	—	4	—	4	6		
Illeg. chldn.	—	—	—	3	3	4		
Totals ...	24	12	13	13	62	94	—	—

* Round numbers are used for the sake of simplicity.

Of the 17 old men pauperised by drink, 7 are of high intelligence, and 10 of ordinary capacity.

Of the 4 young men pauperised by laziness, J. W——, twenty years of age, a beggar and thief, has been in reformatory and prison; refuses to work. A bad expression of face.

Of the young women eccentric, J. H——, No. 1, a clever, tidy girl, aged twenty-two, can read and write well; clever at her needle; has occasional attacks of refractoriness, when she is abusive and uses bad language. J. H——, No. 2, aged eighteen, is dirty; confined of a bastard, which she neglected. Has been ill-treated at home.

M. C——, and C. W——; three illegitimate children each.

The following cases illustrate the relation of pathology to pauperism and crime:—

W. W——, aged fifty. Very cunning in his refusal to obey orders (supposed to be due to feigned insanity); would fall on his knees in the presence of the master, and utter prayers, in which he would boast of his power to evade the rules of the house. He was frequently brought up for insubordination and submitted to medical examination, but

was pronounced unfit to undergo punisament. This proved correct, as he subsequently died insane. The post-mortem revealed chronic meningitis and softening of right anterior lobe of cerebrum.

M. H——, aged forty-eight, a similar case. Has been in an asylum, and often speaks of the comfort of that place as compared with the workhouse. Is now under medical care. Complains of delusions. On a liquid blister being applied, he wiped it off with his handkerchief; this he afterwards applied to his face, and produced a blister on the nose. The man is still ill, and is losing all his hair, though his mind is quite restored. Evidence could be adduced to show this man to be sane or insane, as the case might require.

A. G——, aged forty, a decided refractory; a soldier of the class called "lawyers." Can read and write tolerably. When asked how many pence go to the pound, and given a week to find it out with pen and paper, he could not calculate the amount. I have often seen similar incapacity in working men. Emphysematous; has been in prison; a drunkard.

Numbers of cases will occur to every Poor-law medical officer, of lunatics who at the time of examination do not show sufficient symptoms of insanity to convince the certifying magistrate, and in which the case has to be adjourned.

J. G——, aged fifty, a powerful man, of weak intellect; occasionally intemperate. Can earn a living when so disposed. A source of great anxiety to his relatives, who are in an influential position.

J. T——, aged thirty-five, and H. B——, aged twenty-six. Scrofulous, of weak intellect, requiring extra diet. H. B—— has had pulmonary disease (both apices); has been in an asylum; a masturbator.

J. B——, aged forty. A criminal lunatic (attempt at rape); limited intelligence; a masturbator.

M. M'P——, aged thirty-one. By the courtesy of the medical officer at Fort Pitt, the following statement is given:—"Mental disease first manifested in India, 1867, following delirium tremens. Symptoms, acute mania. A stout, heavy-looking man, with a large, round, flat-topped cranium, on which were several scars. Left lateral development not equal to the right. From his own account he had led a wandering life; having been in the United States army, then in Canada, then a sailor, subsequently in the Indian army, and lastly in the British service. Confessed to having been much addicted to drink, though his records did not show him to be an habitual drunkard. Manner cheerful and rational. Memory good. At the time of his discharge the mental disease was in abeyance." Discharge note, "Indifferent character." He died of pleurisy at Lancaster.

Post-mortem.—Brain full size; no signs of wasted convolutions; slightly softened. Arachnoid opaque; several deposits of lymph on the posterior surface, one extending through the dura mater, and connecting the two hemispheres. Sulci of convolutions deep. The layer of grey matter *pale* and remarkably thin, but well defined from white fibres. Striæ of corpus striatum very well marked, as also those of the optic tract, which were firm and strong. Heart large, firm, and free from atheromatous deposit. No "soldier's spot." Right pleura entirely adherent; left free. Lungs emphysematous throughout.

Cases are numerous in which irritation of organs (controlled by the sympathetic) has produced insanity; as in that of a man insane with irritation of the glans penis: the glans being removed, his mind recovered its healthy tone. Uterine insanity, and those cases in which clitoridectomy has been recommended, furnish examples. I am not aware whether kleptomania has received pathological demonstration. Alcoholism presents numerous examples, not only of wasted convolutions, but, more frequently, of sympathetic disturbance.

It is well known that frequent exercise of an organ increases its power: e.g., the biceps of the rower; the nerves of a banker's fingers in detecting base coin; the sympathetic pains of opium-eaters; and the genital power of men given to frequent natural sexual excess. For the use of these organs determination of blood to the part is required; and in cases of intemperance the sympathetic nerve is nourished at the expense of the cerebro-spinal organs.

The experiments of Claude Bernard show that under sympathetic stimulation capillaries carry cell-forming blood which at other times were apparently in abeyance. This determination would appear to be at the expense of other organs. In the absence of the stimulus a want is felt by the part, thus producing what may be termed an altered hedonism. Anyone who has been obliged to use opium or morphia for a continuous period will recognise (in the precordial pain accompanying the interval between the doses) what is meant by an altered hedonism.

In the case of persons who cultivate the perceptions by intellectual pursuits, the instincts seem to suffer; and thus it is rare to find a great thinker also a great eater or a very sensual person. This would explain why intellectual fathers rarely produce vigorous and intellectual offspring. For the same reason we may see why persons (like our paupers) who have devoted their lives to drink are in most cases of very limited intellect.

Hysteria in some forms is a temporary insanity. The natural perceptions are altered by irritation of the uterus or genitals, under the influence of the sympathetic. But the pail of cold water stimulates the cerebro-spinal nerves, and by reflex action enables the sensory function to resume its authority over the sympathetic. The irritation produced through the genital system may be called the "hysteric hedonism."

The relation of the drinking habits of society to this question is too extensive a subject to be introduced here. Nevertheless it may be assumed that no medical man who has had any experience of alcoholism, and its effect upon the will, can fail to recognise that, as the habit increases, the power to resist the alcoholic hedonism diminishes.

Healthy anatomy shows us that abnormal distribution, and even excess or absence of organs, is of frequent occurrence,—from the double-headed or acephalous monster, to the varieties of an artery or even a capillary; while pathology shows us that congenital hereditary syphilis is also most frequent, producing in some cases marasmus infantium, and in others caries, ulcerated palate, assimilated cancer, and phthisis (the latter two I have witnessed): thus bearing out the Mosaic expression, "visiting the sins of the fathers upon the children;" or even realising Milton's words—

> "Of man's *first* disobedience, and the *fruit*
> Of that *forbidden* tree, whose mortal taste
> Brought death into the world and all our woe*—"

Taking these—the anatomical and pathological evidence—together, we see abundant reason for the belief that altered conditions must end in altered cells, and, by consequence, altered cravings, or altered hedonism.

The contour of various individuals leads to the conclusion that every member of the genus *homo* has his proclivity to some predominant quality, which, modified by the instruction of the surrounding circumstances of his life, results in the *Wohlgeboren* or gentleman, the haughty beauty, the man of genius, the girl of the period, the poet, the madman, the idiot, the thief, the murderer, the poacher; and why not the refractory pauper? That we recognise this law is shown when we speak of red-haired persons as lustful, fat persons as inert, &c.; as also when we acknowledge distinctive habits as belonging to races possessing brachycephalic and dolicho-cephalic skulls.

Taking these considerations in connexion with the vascular theory of mentation proposed in THE LANCET of Sept. 26th, 1868, we may see reason to think that the hedonism of a man, modified by the circumstances of his life, will tend, through reflex action, to result in the ordinary tax-consuming pauper on the one hand, and the refractory pauper on the other.

Mr. Disraeli ("Contarini Fleming") says: "My thought has been the consequence of my organisation; my action the result of a necessity not less imperious. My fortune and my intelligence have blended together, and formed my character." Under this view may not a sympathetic nerve (by "transmitted hereditary peculiarity") be so imperious in its demands as to lead its possessor either (uncontrolled by education) to drunkenness, masturbation, hysteria, &c., or (controlled by instruction through the cerebro-spinal nerves) to such a proper use of his instincts as to end in sobriety, manliness, and love? In the words of Tennyson,

> "It is the *little* rift within the lute."

Labour is the lot of man. Healthy, civilised man craves

* Germ. *Weh*, pain.

labour. Can the man whose hedonism is that of laziness, drink, &c., to the extent that induces him to become a tax consumer instead of producer—in other words, a pauper,—be looked upon as a sane, healthy man? Or ought we not rather so to submit him to the treatment of confinement, control, diet, and medical supervision as shall enable him, if possible, to support himself. This is in true accord with the spirit of law, which provides (not as of yore for retributive vengeance, but) for the maintenance of the well-being of the State. The tax-producer has a right to this protection against the tax-consumer as a return for his contributions levied by law for poor relief.

It becomes a question, then, whether the average hedonism of society, as exemplified in that section called paupers, does not call for increased interference, on the part of the State, in the form of extended education to the young, and in a modification of our police reformatory, workhouse, asylum, and prison discipline as applied to adults; and this legislation can only be carried out with judgment by reference to medical testimony and medical experience.

Lancaster, 1869.

ON

SOME OF THE CAUSES OF THE PREMATURE DECLINE OF THE CAVALRY SOLDIER.

BY COSMO GORDON LOGIE, M.D.,
SURGEON-MAJOR ROYAL HORSE GUARDS.

If attention be turned to the statistics of the general army for the seven years ending 1865, it will be seen that, out of 35,296 soldiers making claims for pensions at Chelsea, there were 24,995 of less than eleven years' service. It will be seen also that, out of men of less than six years' service, 309 were considered entitled to permanent pensions, and 16,110 to temporary pensions. I do not see how these figures can be explained except by the existence of some grave defects in the treatment of the soldier. It might be supposed, judging by the statistics of mortality alone, that the Household Cavalry Brigade did not bear its part in the serious condition of unhealthiness which is hereby indicated; but there is a source of fallacy, as regards the mortality, which needs to be pointed out. It is unfair to compare the mortality of the Household Cavalry Brigade with that of the Line. The privilege of these regiments in being able to discharge a man at any time lessens the apparent mortality. The man discharged may die very soon after leaving, but his death does not appear in the Brigade returns; whereas in a Line regiment he would probably have remained and died as a soldier.

The soldier is a picked man, examined minutely, and enlisted young; in perfect health on enlistment. He is supposed to be clothed, exercised, fed with carefully-selected and well-cooked food; he is put up, it is said, in quarters as carefully selected and ventilated. Then why should he not be the healthiest of men? To discover this important reason, and point out ways and means for the better preservation of the health of the soldier, I shall examine the life of one of the Cavalry Brigade for the first two or three years of his service. In regiments like those of the Household Cavalry too much care cannot be taken with the *moral* discipline of the recruit; and, as Dr. Mouat says, "we must bear in mind that whatever diminishes sickness and mortality, and keeps the men in vigorous health, multiplies the power of those men to a degree that cannot be represented by figures." The recruit on joining the Royal Horse Guards is in debt to the regiment for necessaries to the amount of £4 15s. 4d. (for boots, linen, brushes, &c.) His pay is now 2s. 1½d.; and he liquidates his debt by paying 6d. a day. This will take, of course, about six months to accomplish, during which time, and longer if necessary, he is being drilled. Immediately on joining, he commences his duties, which are (copied from the Drill Corporal's account) as follows:—The *reveille* sounds at 5.40 A.M.; the recruit dresses for stables; 6 to 7, stables; 7.15, breakfast (pint of coffee and part of his bread). He afterwards gets himself and his horse ready for riding-school; 8, 9, or 10, goes to riding drill for one hour; returns from school, is allowed proper time for changing his dress, then goes to the stable to clean his horse; 12, stables until 12.45; 1 P.M., dinner (¾ lb. of meat, and potatoes and bread). Afterwards gets his accoutrements and himself ready for foot drill; 2 or 3, goes to foot drill for one hour; 4.15, attends the regimental school for one hour; 5.15, tea (pint of tea and part of his bread); 5.45, stables for one hour; 10 P.M., watch-setting; goes to bed. In the three regiments these duties vary very little, and generally go on for ten months, sometimes twelve or eighteen, seldom under nine, when the recruit is turned out a trained soldier.

Let me now draw attention to the kind of training which he undergoes during these ten months. This youth, usually a labourer, has to be in stables at least four hours and a half daily; and he can call about four hours out of the twenty-four his own. He commences stables (*immediately* after getting up (6 or 7 A.M.), or one hour before he has anything to eat. I do not object to the actual number of hours in the day of stable duty; but I have no hesitation in saying that the atmosphere in the troop stables (especially at that hour) is very detrimental to his health. The stench from the urine, bedding, &c., breathed for that hour (before breakfast), is injurious to the respiratory organs, and not unlikely to sow the seeds of disease, particularly when combined with the man being overheated and then suddenly chilled. It may here be asked, why this badly-ventilated stable? Bad construction, and overcrowding of horses. Want of money to remedy the evil is, I believe, the *usual* answer.

Under these circumstances, then, it behoves us to find out how as far as possible to provide good food for the lungs as well as for the body, and further to acclimatise the young soldier, as it were, to withstand the bad effects of such duty. With the mode of ventilation in the stables I do not feel justified in interfering; but with regard to the sleeping apartments of the men, it appears to me that in the troop rooms ventilation is carried to a foolish extent—I mean carried to draughts. It is not surprising that a man, finding cold air rushing in upon him through a ventilator close to the head of his bed, should stuff his over-alls across it, thereby stopping the ventilation of the whole room. Again, I have seen ventilating shafts through which the rain poured down! In addition to this not very unreasonable way of getting rid of a cold draught, we must bear in mind the class from which soldiers are derived—a class not much addicted to habits either of cleanliness or ventilation; therefore we ought to *ensure* ventilation where there are large bodies of men assembled, and avoid draughts.

If we reflect upon the life of the recruit as described, we must allow that it is one which is likely to develop the slightest inherent taint of disease. I am led to conclude, from my experience of cavalry soldiers, particularly in the Blues, that there is more mischief done in the first twelve months than at any other period of the soldier's service. The scarcity of recruits for the general army is closely connected with these evils. When the soldier is discharged, with a broken-down constitution, and yet young, he is seen by youths and looked upon as an object of pity. It is not very likely these young men, unless they are what is called hard driven, will enter a service with the prospect of such an ending.

I have said that the recruit, on joining, is a healthy, well-made youth; and that every effort should be made to still further strengthen his constitution, to acclimatise him, and enable him to ward off vicissitudes of temperature, atmosphere, and duties. Let the recruit be taught his foot drill first, allowing him to attend stables only for one hour (mid-day); and, in addition to his foot drill, let him go through an entire course in the gymnasium, and attend the regimental school regularly (not attending the gymnasium in lieu of the school, as in some regiments). When he has thus completed his foot drill, I think it will be found that he has increased in muscular development, that his chest has expanded, and altogether he is in an improved condition, ready to vault into his saddle, less likely to contract, and more likely to get sooner over, any unavoidable attack of disease. So far, say, to the end of the first year. He is now a trained soldier, with perhaps a shilling a day to spend. What do we do now for his leisure hours in the heart of a great city like London? I fear in a great measure it must be answered—Trust to Providence and the surgeon of the regiment.

Under the present *régime* the soldier frequents pothouses, eating, drinking, and smoking bad articles, and passing much of his time in the society of dirty women. Disease is thereby induced, for which he is treated in hospital under all the difficulties of a constitution weakened by bad training. What, then, ought we to provide? I think it will be found that after the recruit has gone through a regular course of gymnastics, he will very frequently amuse himself in the gymnasium; and a furtherance of this healthy exercise should invariably be encouraged in every regiment (I am aware it is generally done, but I fear is not properly encouraged), by awarding prizes, by much more frequent competition for excellence in single-stick, sword practice, &c. &c. A good, well-lighted, and well-ventilated reading-room should be provided with daily papers and periodicals, with permission to the soldier to smoke, and enjoy a limited quantity of beer or a cup of coffee. In this room occasional lectures on scientific and amusing subjects should be given. I would also encourage lessons in dancing, and allow weekly parties for all men attaining the rank of non-commissioned officer. I should also recommend accommodation to be made for trades, so that the soldier may occupy his leisure hours for the benefit of his wife and family, and also with the view of exercising it when he has left the service. In addition to this, he should engage in the games of the season, such as rackets, cricket, foot-ball, &c. By these and good moral training, in which I should hope to be joined by the chaplains, I doubt not but that the army would become a profession, not a refuge. Regarding the encouragement for trades, an excellent paper was read in the United Service Institution. This suggestion I had made some twenty years ago to the Army Medical Department, with the view of diminishing vice in the army and encouraging enlistment. I *then* suggested also, as a further inducement for the good conduct of soldiers, that a new regiment should be raised (of Guards, styled the "Albert Guards") from the Line, composed of well-behaved men, to serve, with increased rank and pay, around the person of her Majesty.

Although I have confined myself as much as possible to the Household Cavalry, I cannot help hinting that similar changes might be made in the Cavalry of the Line; and I say so with some certainty, as I have received, through the kindness of Dr. Watt, late of the 15th Hussars, the daily duties of the recruits in that regiment, and I find there is very little difference in the system of training recruits from that pursued in the Brigade.

In conclusion, I would suggest that, when the weather and light will permit, the horses should be exercised (watering order or otherwise) at the morning stable hour, and only a few men should be left to clean out the stables.

It may be remarked now, by some, "Your statements may be all very well; but it is an impossibility to carry out the duties of a regiment under such alterations." I am in a great measure aware of this; but I have ventured my suggestions entirely on the grounds of health, and I hope may be excused in still further pointing out ways and means for carrying out those alterations. In the Household Cavalry our troops are very small, and, in my opinion, fewer non-commissioned officers would be beneficial; that is to say, depute corporals (only probationary rank) to clean their own horses. In the general army more men ought to be added to each troop, *dismounted*, but *trained cavalry soldiers*, ready *at all times* to be called on service on an emergency; but if economy is to be the order of the day, fewer horses per troop would make up the difference.

Cavalry Barracks, Windsor, Sept. 1869.

A CASE OF POISONING BY CARBOLIC ACID.

BY W. H. BARLOW, M.D.,

HON. MEDICAL OFFICER TO THE GENERAL HOSPITAL AND DISPENSARY FOR SICK CHILDREN, MANCHESTER.

On the 20th of July, 1869, I was called upon to make a post-mortem examination of the body of one Alfred K——, then lying at Garratt-street, in this city, awaiting a coroner's inquest. The history of the case was briefly that, on the previous evening, about 4.30 P.M., the deceased, who had been drinking heavily for some days, was lying asleep upon a settle in the back kitchen, when his daughter, the only other person in the house, stepped out to hang some clothes on a line in the street. While so engaged, and but a very few seconds after quitting the place, she heard a noise as of a fall, and, upon returning, found her father upon the floor, as though he had fallen from the settle; frothing at the mouth, countenance turgid, and quite speechless. The neighbours were called in, and a medical man was sent for; but before his arrival (which was in the course of a few minutes, certainly not ten) the man was dead.

Upon the hob, close by the settle, was a bottle containing a small quantity of some fluid, which had been given to him several weeks before, by some person unknown, to sprinkle upon the floor, in order to drive away cockroaches. The quantity contained in the bottle was stated to be not more than an ounce; but the bottle and contents had been thrown away by one of the daughters. (The broken fragments of a bottle, said to be the same, were fished up from the midden; but no trace of contents nor any odour but that of the fæcal matter in which they had been imbedded could be detected.)

Autopsy, twenty-five hours after death.—The body was that of a man of about sixty years of age, and was found to be discoloured, and the superficial vessels gorged with dark blood; the face and neck especially were much discoloured. Rigor mortis had not commenced. Inside the lips, the tongue, palate, and throat were whitened and hardened, evidently by the action of some caustic; but the peculiar odour of carbolic acid was but faint, not being noticed until it had been detected in the stomach. The vessels of the scalp were gorged with dark blood; but the brain was singularly free from any sign of congestion, rather, pale and bloodless. Scarcely any fluid in the ventricles, merely a moisture. The lungs were quite crepitant, free from any sign of disease, but full of dark blood. The heart was pale and fatty, quite empty; the interior of the left ventricle was stained a bright-red colour; the valves were healthy. The liver was large and fatty, normal in other respects. Gall-bladder full; but not distended. The stomach was contracted, and firm to the touch, not much larger in diameter than the transverse colon. It was removed with its contents for further examination, with about 4 in. of the œsophagus. The intestines were reddened along the whole superficial surface, but nothing abnormal was detected upon opening portions of the duodenum, jejunum, and ileum. Bladder empty (urination and defecation had taken place before death). The kidneys and spleen were healthy, and of the normal colour, but next day (forty-eight hours after death) the kidneys had become very dark coloured, almost black. Upon opening the stomach, about an ounce of turbid, pinkish fluid, smelling slightly of carbolic acid, and giving a strong acid reaction with litmus paper, was removed. The coats of the stomach were very much thickened, and the muscular coat contracted very strongly, raising the mucous membrane into ridges towards the cardiac end; these ridges were high, hard, whitish on the summit, but pinkish in the furrows, and had somewhat the appearance of a finely injected preparation. The œsophagus was affected in a slighter degree. The mucus was in masses, white, and loose, coming away with a touch; but the mucous membrane seemed to have escaped in a considerable degree. The pyloric extremity of the stomach was pinkish, but soft and comparatively unaffected; and in the intestines there was no trace found of the severe local effects of the acid. To the coats of the stomach the acid seemed to cling, rather than to be mixed up with the contents; and though the odour was slight in the latter, it was very strong in the stomach itself, and when this was placed in a weak solution of the same acid for preservation, it rose to the surface in large oily globules. The appearance of the mucous membrane is most extraordinary and characteristic, and resembles nothing so much as the ridges upon the palate of an ox.

From a consideration of these facts, I am led to infer that the man, upon waking from his slumber with the raging thirst so likely to follow a debauch, saw the bottle near him and mistook the contents for spirits, and the fluid, entering an empty stomach, seized upon and corrugated the coats of that organ in the manner before stated, and the consequent shock and depression caused almost immediate death. The quantity swallowed could not have been large

(probably not more than a tablespoonful), or it would have affected the whole or greater part of the stomach, whereas it was confined entirely to the cardiac extremity.

Manchester, August, 1869.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nullam artem esse aliis pro certo noscendi viam, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

CASES OF SEPTICÆMIA.

(Under the care of Dr. DUFFIN.)

THE following cases are intended as illustrations of that obscure but formidable condition which is still usually designated in our class-books under the indefinite heading of Septicæmia. The extreme scantiness of the information we at present possess, the great variety of symptoms and post-mortem appearances revealed by the different members of what our ignorance at present compels us to group as one family of diseases, and, above all, the terrible fatality hitherto observed to attend them, render it desirable that these cases should be more extensively recorded than they have yet been. Most men have observed instances of this kind, but their utter inability to explain or to connect them has for the most part led to their being cast aside. At present we have scarcely any fund of facts which can even act as a standard of comparison for us. The following cases are simply recorded, without any attempt at unraveling the difficulties they present. Whilst differing *toto cœlo* in almost every symptom, they will at least be recognised as belonging to the same class of disease. The curious pathological resemblance presented by the one to the stage of collapse in cholera, and by the other to the earlier days of typhoid fever, cannot fail to attract attention.

On the 11th December, 1868, a stout woman, twenty-two years of age, entered King's College Hospital, complaining of difficulty of breathing. She dated her illness back for about a week, previous to which time her wind had always been excellent. She also said that during the week she had had several fits of unconsciousness. When admitted, her hands were found to exhibit a deep cyanotic tint, her face and lips were blue and congested, and she was intensely cold, the thermometer indicating 96° F. A small quantity of blood was noticed about her gums. No pulse could be detected in any branch from the axillary artery downwards in either arm. From the common femoral downwards, also, all trace of arterial pulsation had ceased; and only a feeble impulse could be obtained in the carotids. The heart's sounds were in every respect normal, the impulse was firm, and the rhythm preserved; the number of beats was about 90. Even at the clavicles the first cardiac sound could be distinctly heard. The breathing over the whole of both lungs was so intense as to amount to puerility. No dulness existed anywhere. She had not passed urine since the morning, and the bladder was empty; but she said that up to the previous night the amount of secretion had been satisfactory. Her intelligence was perfectly lucid; but while her chest was being examined, three hours subsequently, she suddenly fell into a distinct epileptic fit. This was followed by severe coma, but after an hour her intelligence returned. After another half-hour, however, a second epileptic attack supervened, and she fell into a state of coma, out of which she never rallied, dying five hours after admission.

On post-mortem examination, the blood was found universally fluid. There was no embolism of either artery or vein. Hundreds of minute hæmorrhages, varying in size from a pin's-head to a marble, were scattered over the various serous surfaces—the lungs, mediastinum, substance of the heart, roots of great vessels, &c. The endocardium was much stained, but the valves of the heart were healthy. No inflammatory product was found anywhere. The lungs had collapsed well, their weight being rather below the average. The kidneys were fatty. The bladder contained some urine with a sixth of albumen, and some fatty and waxy casts, but no epithelium or blood.

R. C——, aged twenty-four years, a general servant, began early in May, 1869, to suffer from pain and stiffness in the ankles and wrists. These at the end of a fortnight compelled her to take to her bed. A general sense of prostration and languor now came on, associated with slight rigors and occasional epistaxis. The temperature ran up to about 101° F., the pulse quickened to between 90 and 100, and she was troubled with a good deal of nausea and almost daily vomiting. There was a total absence of typhoid spots, as well as of diarrhœa and abdominal tenderness. Her nights' rest became very indifferent; but this was the only sign that gave rise to any anxiety. Thus she continued for three other weeks. During this time a peculiar flush developed on the face, of a full rose colour, very irregular in shape, but symmetrical, and at first only present on excitement. After a few days this became permanent, the colour deepened, and, without the original shape of the flush being in the least changed, it was evident that slight infiltration of the cutis existed over the spot. The cuticle, at first healthy, then scaled slightly over the more central part of this rash. When this efflorescence had existed about ten days, it was found that the redness was becoming dusky, and did not change on pressure. A few distinct circular islets of the same character had also formed about the circumference of the great central patch. Under these circumstances she was admitted into the above hospital.

June 8th.—Except this peculiar rash on the face, a little redness of the fauces, and a foul tongue, she seemed in perfect health. Nevertheless, the insomnia, which had scarcely allowed her an average of two hours' sleep each night for fully three weeks, and the dusky petechial character of the rash on the face, suggested anxiety. It was soon observed that her diurnal temperatures presented the most irregular variations, anywhere between 97° and 103°. A fresh burst of rash was observed on the left side of the chest, almost identical with that on the face, but occupying small distinct centres varying from the size of a pin's head to a shilling. All these were from the first distinctly hæmorrhagic. Still, all the general functions were performed normally. Menstruation set in on the 11th, and soon amounted to a painless hæmorrhage. Thus she continued till the night of the 15th, when, after a transient rigor, her temperature rapidly shot up to over 105°, her pulse mounted to 130, and she had severe vomiting.

The next day her countenance was indicative of extreme anxiety. Her tongue had become dry and tremulous; it required an effort for her to protrude it. She had almost universal muscular quivering. Extensive loose râles and rhonchi were audible over the whole chest, and the crepitus at the left base was almost fine enough for pneumonia. The urine for the first time was found to contain a trace of albumen. The intelligence remained perfect.

Two days later, on the 17th, all these signs continuing, loose râles became audible all over the chest, and there was distinct dulness at the base of the left lung. The daily variations of temperature exceeded four degrees, the evening limit always reaching 105°. General hyperæsthesia had come on, and there was a little nocturnal delirium. The number of the petechiæ had increased. The uterine flow continued. The following day she sank into coma-vigil, and died on the fifth day from the rigor.

Post-mortem examination.—In each pleural cavity there was a small quantity of serous pus, about two-thirds of a pint in the left pleura, and half that quantity in the right one. Some greenish, sticky, friable lymph was also developed at the base of either pleura. In the centre of the lower lobe of the left lung a small patch of pneumonic consolidation existed, and the rest of that lobe was carnified and tough. The lungs otherwise were extensively œdematous. The endocardium was much stained, the muscles generally very dark, and the blood universally fluid. The

total absence of any trace of internal hæmorrhage, either in the interior of the organs, or on serous surfaces, gave rise to considerable astonishment. Peyer's patches were found in a normal condition, the spleen small, and all the other organs perfectly sound.

ROYAL FREE HOSPITAL.

CALCULUS VESICÆ; LATERAL LITHOTOMY; SUCCESSFUL RESULT; WITH CLINICAL OBSERVATIONS ON THE MODE OF OPERATING.

(Under the care of Mr. JOHN D. HILL.)

IN a previous publication Mr. Hill has recorded a successful case of lateral lithotomy, which he performed by systematically dividing the operation into two stages; the following case is therefore reported as a further illustration of the same proceeding. Now the steps in the operation appear to Mr. Hill very satisfactory, and he remarks:—

"Although there is nothing new to consider as to the structures to be divided, or in the general procedure, yet this much may be said, that the operation is performed more rapidly, with greater precision, and with less manipulation of the soft parts. 1st. A direct incision is carried through the skin, fascia, fat, muscle, and urethra into the groove of the staff. 2nd. The knife, having been lateralised, is then passed fairly through the prostate into the bladder, the haft being kept well depressed, and the point firmly pressed against the staff in its groove. The entire wound is so freely and evenly made that the opening in the prostatic portion of the urethra corresponds to the apex of a cone, the base of which is completed by the external or skin incision. This funnel-shaped opening, with the least possible danger of extravasation, provides for the escape of urine until the vesical wound heals. Again, in case of hæmorrhage, whether it proceed from the superficial or deep parts, the various tissues have been so slightly disturbed (provided the calculus be of any ordinary size), that in the former case the vessels may be twisted without difficulty, while in the latter pressure can be safely and effectually applied around a tube which has been inserted through the wound into the bladder."

Numerous experiments upon the dead subject have been conducted by Mr. Hill with a view to ascertain all the practical points in lithotomy; and while fully estimating the difficulties and dangers occasionally attending every variety of this operation, he believes that, by dividing the lateral operation into two stages, it is rendered more simple and easy of execution than any other method, and yet equally safe and favourable to recovery. Now, the salient point in the operation is the insertion of the point of the knife into the groove of the curved staff, which has been passed into the bladder, and hooked well under the symphysis pubis. This may be effected by placing the forefinger of the left hand firmly upon the centre of the perineum; the staff is then to be slightly depressed until it can be distinctly felt to impinge on the finger, when it is again to be hooked up, the finger in the perineum following it. The handle of the staff is now to be transferred to a competent assistant, who should hold it firmly in a vertical position; next, the knife is to be passed boldly into the groove of the staff, and the operation completed as previously described. The depth and extent of the incision must, of course, be regulated by the quantity of fat in the perineum and the size of the prostate.

In his early experiments, Mr. Hill used a gauged staff, and subsequently one with a bulb (fixed at the curve), to form a guide to the finger in the perineum. This, however, did not always answer the purpose, in consequence of the varying depth of the perineum. He, therefore, constructed a movable bulb to slide along the instrument to the desired point, where it could be fixed by means of a screw. These instruments answered very well; but further experience led him to dispense with all such innovations, and trust entirely to the length of the staff and its curve, and the finger in the perineum.

The particulars of the following case are extracted from Mr. Hill's note-book:—

George D——, aged twenty, was admitted into the hospital on Nov. 12th, 1868, with symptoms of stone in the bladder. About nine years previously he was first attacked with retention of urine, which necessitated his attendance at the Finsbury Dispensary, where an instrument was passed. He remained under treatment at this institution about five weeks (for the gravel); and was then discharged quite well. After this he suffered no further inconvenience until two months before his admission into the Royal Free Hospital. At that time he observed blood sometimes mixed with his urine, and at other times issuing from the urethra after micturition. Pain referred to the frænum preputii was the next symptom, followed by occasional difficulty in emptying the bladder, which latterly became so irritable that the desire to urinate was uncomfortably frequent.

On admission he was in tolerable health, although somewhat attenuated, and he was suffering from retention of urine. On introducing the catheter, a calculus was detected lying in the neck of the bladder, and plugging up the urethra. This was displaced by the point of the instrument, and the urine was withdrawn. The thoracic and abdominal organs were now thoroughly explored, with a view to determine his fitness for lithotomy. The urine also was examined, but failed to give any evidence of the salt which formed the calculus. Everything being favourable, after the bowels had been evacuated by a dose of castor oil, the rectum was finally washed out with an enema of oatmeal-gruel; and, under the influence of chloroform, lateral lithotomy was performed, after the manner described, on the 14th of November.

The operation went off very satisfactorily; and the only point worthy of observation is as to the removal of the stone. From its shape it slipped away from the blades of the forceps, and, after two or three unsuccessful attempts to hold it, Mr. Hill set aside the forceps, and introduced a scoop. This enabled him to extract it without the least difficulty. Some hæmorrhage (prostatic?) occurred after the patient's removal to the ward; therefore the tube, with the petticoat attached, was introduced into the bladder through the wound, and plugs of sponge were inserted between the tube and petticoat, and the whole secured by tapes. All hæmorrhage ceased, and the urine flowed away through the tube until Nov. 17th, when the latter and its appendages were removed.

Nov. 20th.—To-day a small quantity of urine passed through the natural channel. The wound is very healthy, and the urine flows freely through it.

24th.—The urine now passes through both channels. The wound is healing.

30th.—The wound is rather indolent. Applied lunar caustic freely, and it is to be repeated every other day if necessary.

Dec. 10th.—The greater part of the urine now flows through the proper canal. The wound is slowly granulating.

20th.—Is improved. Believing, however, that the patient was not disposed to hasten his recovery, Mr. Hill took the precaution of having his knees and ankles fixed together with pads and bandages.

24th.—A few drops only have passed through the wound since the last report.

28th.—No urine has escaped by the wound since yesterday, and he will be discharged on the 30th.

The calculus is composed of oxalate of lime. It is tuberculated on the surface, the intertubercular spaces being filled with phosphate and carbonate of lime; and its weight is a quarter of an ounce.

HOSPITAL FOR THE EPILEPTIC AND PARALYSED.

HEMIPLEGIA FROM DISEASE OF THE PONS VAROLII.

(Under the care of Dr. HUGHLINGS JACKSON.)

THERE is now in this hospital a case of some rarity. It is that of a woman who has symptoms implying disease of the right side of the pons Varolii—viz., on the right side paralysis of the muscles supplied by the fifth, sixth and seventh nerves; on the other, the left side, diminution of sensation in the whole half of the body. The arm of the left side is only a little weaker than the right; the leg is considerably paralysed.

A case very like this is reported by Dr. Hughlings Jackson in the second volume of the London Hospital Reports;

and, subsequent to that report, an autopsy was obtained which revealed disease of the side of the pons on which side the face had been paralysed. For an account of the peculiarities of hemiplegia due to disease of the pons Varolii, see a lecture by Dr. Brown-Séquard in THE LANCET of August 17th, 1861.

The case now in the hospital has special value, as illustrating Mr. Lockhart Clarke's researches on the relations of the conjoined nucleus of the sixth and facial nerves to the nucleus of the motor division of the fifth. It is not easy to understand how it happens that the parts supplied by the motor division of the fifth are paralysed on one side, and those supplied by its sensory division anæsthetic on the other.

Provincial Hospital Reports.

TUNBRIDGE WELLS INFIRMARY.

SMALL FATTY GROWTHS OBSTRUCTING CYSTIC AND COMMON DUCTS.

(Under the care of Dr. WARDELL.)

A. S——, a well-formed female child, three years of age, became an out-patient of the above infirmary on Nov. 18th, 1868. It was reported that about three weeks previously she began to be jaundiced. Mr. Manser, the house-surgeon, visited her, and found the conjunctivæ exceedingly yellow, and the entire surface of a brownish-yellow tint. The pulse was natural; the skin cool. She made no complaint of pain in the head, nor were there any cerebral symptoms. The stools were of light clay colour, and the urine of deep saffron yellow. She was ordered grey powder and rhubarb on alternate nights, and a mixture with nitro-hydrochloric acid and a bitter infusion. There was no improvement in her condition. The jaundice became more intense, and considerable prostration was experienced. On Nov. 23rd she complained of pain in the right side, which extended into the epigastrium. On the 24th she became comatose, and died on the following day.

Nov. 26th.—An inspection was made by Mr. Manser forty hours after death. The body was that of a plump, well-developed child. Skin generally very yellow. On carrying an incision down the mesial line, the white tissues were stained of deep yellow. Thoracic organs natural. On opening the abdomen, the convex surface of the liver was mottled with greenish-yellow and dark-brown patches. The parenchyma, when freely incised, exhibited considerable congestion, dark fluid gore following the knife. There was no partial enlargement of the organ. The gall-bladder was small and flaccid, and it contained some greyish seromucoid secretion, which was very unlike its ordinary contents. Situate at the junction of the cystic and common ducts was a small fatty growth of the size of a large horse-bean. On section, it was of yellowish-white, homogeneous, non-vascular, and gave a greasy stain to paper. The introduction of a probe showed the cystic and common ducts to be obstructed. The other abdominal organs were healthy.

The above case is one of great rarity, more especially as occurring in a child; and it presents features of considerable pathological interest. Congenital occlusion of the biliary ducts is sometimes observed, but in such cases the infant is jaundiced from its birth, and death generally ensues in the course of a few weeks. In this instance such had evidently not been the case. Jaundice in children, as in the adult, may come on from a great variety of causes. When it is seen in children, it is often from inspissated bile, which for a time blocks up the ductus communis, giving rise to colicky pains; and when the place of obstruction becomes free, the yellowness of the skin soon declines. It also eventuates from hepatitis, or when peritoneal inflammation extends from the intestines to the concave surface of the liver, and the tumescence constricts the ducts. Icterus in children is sometimes produced by summer diarrhœa. When, from improper diet, irritation is instituted in the primæ viæ, and the mucous lining of the duodenum is rendered tumid, it may be a consequence; and doubtless in some cases it is of mere spasmodic origin. It is occasionally the accompaniment of such chronic affections as general tuberculosis and tabes mesenterica, and of the fatty and amyloid degenerations; and an icteroid discoloration may come on in congenital cardiac disease, when the right side of the heart enlarges, and venous obstruction and stasis of the venous radicles render the liver congested, and the biliary ducts are interfered with in their functions; or when the common duct is pressed upon by some tumour, or from some obvious mechanical cause. In the above example the jaundice could be accounted for by none of these causes. The child had not laboured under any dyscrasial disease; the assimilative functions had been normally carried on; it was well nourished, and became well developed. Palpation discovered no glandular disease, nor did the history throw any light upon the cause of this most prominent symptom, jaundice. In fact, the diagnosis was ambiguous and uncertain. The absence of bile pigment in the stools and its abundance in the urine proved that the secretion did not pass into the duodenum, but was absorbed into the circulation. The apyrexial condition, as evinced by the cool skin, slow pulse, and the gradual supervention of the jaundice, rendered it presumptive that some organic cause subsisted. Again, it was no form of infantile hepatic congestion, because the ordinary remedies did not produce increase of bile in the dejections, and as the case progressed the yellowness became more intensified. The inspection at once explained the morbid phenomena. It was remarkable that the gall-bladder was so small, and that it was partially empty. In the adult, when this very uncommon condition of permanent organic blocking up of the cystic duct has been discovered, the gall-bladder has generally been found greatly distended with serous fluid, and thus the organ has sometimes been seen the size of a large orange, or even of a child's head. In such rare cases a fluctuating tumour has been felt during life. When the obstruction is in the cystic duct only, of course there is no jaundice. By this absolute occlusion of the common duct, the lymphatics and hepatic radicles would take up more bile than could undergo the metamorphosis requisite for its elimination by the kidneys. In health, a very minute quantity of bile circulates in the blood, and when the bile acids (the glycocholic and taurocholic acids) and the pigment are transferred in large and abnormal quantity into the blood cerebral symptoms inevitably ensue; and we know, from experiments made upon the lower animals, that bile injected into the blood acts as a powerful poison, and that muscular tremors, convulsions, paralysis, and coma are amongst the more cognizable phenomena elicited by bile-poisoning upon the great nerve centres. Hence can be well accounted for the comatose condition of this little patient, which ushered in the fatal issue.

SHEFFIELD PUBLIC HOSPITAL.

CASE OF MALIGNANT DISEASE ENCIRCLING THE THORACIC AORTA.

(Under the care of Dr. J. C. HALL.)

Mr. J. R. ALGERNON TAYLOR, house-surgeon, has obliged us with the following notes:—

W. F——, aged forty-nine, single, edge-tool forger, was admitted into the above institution on January 6th, 1869. He stated that he first felt ill in March, 1868; that while walking he felt a sudden lancinating pain in the left breast, which "doubled him up." He went home, and the pain continued a week; he then went to work a little, but has not been properly right since. His appetite failed; pain in the left shoulder-blade, shooting down the arm, producing numbness of the fingers. He then coughed up about a pint of blood, and was admitted under Dr. Hall.

On admission he was a cachectic, sallow-looking man, complaining of dyspnœa, dysphagia, and sickness. His food came up immediately, or sometimes stayed a little time in the œsophagus, and then came up. He frequently lost his voice for some days together; suffers continual pain in the left shoulder-blade, and can point exactly to the spot; numbness down the left arm. The radial pulse is much smaller on the left side than on the right. The whole of the left side of the chest is perfectly dull on percussion; no respiratory murmurs, and the dulness is most marked for about an inch and a half beneath the left clavicle. There is a systolic bruit along the course of the aorta, and also all

over the front of the left side of the chest, but less plainly heard than along the aorta. Just above the left sterno-clavicular articulation is a hard solid tumour, situated towards the acromial end of the clavicle about two inches, and extending upwards half way to the chin. Beneath the sterno-mastoid muscle in the anterior triangle of the neck, it can be grasped by the fingers, but is quite immovable, and appears deeply seated in the chest. It does not rise with the larynx, and a bruit can be distinctly heard over it. No bronchophony, and no history of rheumatic fever.

On January 28th he coughed up another pint of blood; the dysphagia and dyspnœa about the same.

Feb. 1st.—The left radial pulse getting weaker; a little cough, with some œdema of the left hand and arm; appetite somewhat improved; dysphagia and dyspnœa also a little improved.

April 1st.—Left radial pulse imperceptible; œdema much increased; cough troublesome.

10th.—He says he does not feel so well this evening. Evidently sinking. He died at 5 P.M.

The body was fairly nourished; right lung healthy; no adhesions. The whole of the upper lobe of the left lung was replaced by a scirrhous mass, which was bound by strong adhesions to the parietes, extending upwards about three inches above the clavicle, forming the tumour before mentioned, the sternal end of the clavicle being deeply imbedded in the mass. A small portion of the lower lobe remained, but was highly congested. The pericardium was firmly adherent all over, excepting the apex; left ventricle hypertrophied; slight cancerous deposit on aortic valves, the whole of the ascending aorta, the arch, and the descending aorta for about three inches, being entirely encircled by this mass, the vessel actually running through the middle of it. The trachea was also firmly attached to this huge mass. Some cancerous deposit was on the mucous membrane lining the trachea. All the other viscera were healthy.

No special plan of treatment was adopted in this case. The symptoms having been treated, the main object was to give relief, Dr. Hall having pointed out from time to time the probability that the disease was malignant.

Reviews and Notices of Books.

Entozoa. Being a Supplement to the Introduction to the Study of Helminthology. By T. SPENCER COBBOLD, M.D., F.R.S., Correspondent of the Academy of Sciences of Philadelphia. London: Groombridge and Sons. 1869.

WE have much pleasure in noticing Dr. Spencer Cobbold's new work on the Entozoa, brought out in a style similar to his former and well-known volume on the same subject, to which, as he states in the title, it may be regarded as a supplement. It appears that this particular department of natural history has not received any very important accessions during the last few years; all, however, that deserves notice has here been collated, and the results are given in a very clear and interesting manner. The first part is occupied with the subject of Trichinism, the principal points which were brought out by the discussion that appeared last year in the pages of this journal being briefly recapitulated. Three chapters are devoted to the subject of the rearing of Tænia mediocanellata; and then follows an interesting one on the nature of certain pseudo-entozoa found in diseased and healthy cattle. This of course has reference to the remarkable psorosperms and psorospermal sacs found in the muscles and glands of various animals, which, though at first supposed to be rare or unknown, are shown by Dr. Cobbold to have been seen and described under different names by an extraordinary number of observers. They consist of small, roundish, oval, or fusiform bodies, resembling the pseudo-navicellæ of the Gregarinadæ, and are contained in sacs, which may attain a considerable size. They were by some thought to be connected with the occurrence of the rinderpest, but this has been clearly shown by Dr. Cobbold to be incorrect. In an experiment on himself, he calculates he must have swallowed at two meals no less than 18,000 of these psorosperms in cooked meat, without experiencing any evil result. The seventh chapter is devoted to the Entozoa of the Dog, which animal, it appears, is infested with no less than twenty-one distinct species. The Trichina spiralis readily develops in the dog, but it is curious that it cannot be reared in birds; may not this be due to the severe pounding the capsules and worms receive in the gizzard? The succeeding chapters are occupied with the consideration of the Entozoa of the common Fowl, the Distoma of the Sword-fish, and the so-called Distoma of the Indian Elephant. The last chapter treats of the question of Organic Individuality entozoologically considered. Dr. Cobbold, whose researches constantly lead him to reflect upon those curious phenomena which were formerly regarded as examples of "alternation of generation," admits the principle laid down by Carpenter and Huxley, that however various the metamorphoses may be which occur in the life of an animal without impregnation, the individual is to be regarded as the sum total of the phenomena displayed by all the products of a single ovum. In illustrating this proposition, Dr. Cobbold commences with the entozoa which, like the Trichina, undergo comparatively slight metamorphoses, and proceeds to the more complex Cestode and Trematode worms. He proposes to use the term "Biotome," not as equivalent to that of Zooid, but to distinguish between the several epochs of an animal's life, whether distinctive or not, and which might therefore with equal propriety be applied to the higher as to the lower forms of animal life; whilst he would restrict the use of the term "Zooid" to an individualised free constituent portion of the biotome. Thus, taking the life-phases of one of the Tænia serrata, one of the Cestode worms, he tabulates it as follows:—

ZOOLOGICAL INDIVIDUAL (*Tænia serrata*).

a Ovum in all its stages	Primary biotome;
b 6-hooked embryo boring lava, or proscolex	
c Resting larva, scolex, or *Cysticercus pisiformis*	
d Sexually mature tapeworm in all stages	Secondary biotome:
e Mature tapeworm-colony, strobile or *Tænia*	
f Segment, free joint, or *proglottis* zooid	

in which the primary biotome comprises two individualised phases (the proscolex and scolex, or protozooid and deuterozooid), and the secondary biotome a practically indefinite number of individualised forms or tutozooids. Dr. Cobbold similarly tabulates the more complicated life-history of the flukes; and gives, we think, sufficient and satisfactory reasons for the introduction of the term he suggests. The work concludes with a supplemental bibliography and a full index.

Des Fistules Uréthrales chez l'Homme. Par le Dr. COCTEAU. pp. 128. Paris: Baillière and Son. 1869.

THIS monograph belongs to a class unknown in the medical literature of this country; and it is a pity that this class of works does not exist with us. The appointments of assistant professors of the Faculty of Paris are given by competition; and among the ordeals is a dissertation on a subject chosen by the examiners. As the candidates for these appointments are generally men already much distinguished, excellent essays are mostly produced. The latter are, in general, especially conspicuous by much bibliographical research, and an extensive knowledge of the facts and opinions connected with the subject to be treated.

The foregoing observations partly apply also to another series of writings, very common in the medical faculties of France—viz., the obligation of the candidates for the doctor's

degree to write and defend a thesis—a custom which has, with our system, become almost obsolete.

The monograph before us is a very good example of the usefulness of competitions, as the author has succeeded in producing an instructive *résumé* of the state of our knowledge respecting urethral fistulæ. Although Dr. Cocteau has no facts of his own to bring forward, although he does not pretend to much personal experience, he has enriched the literature of his country with an essay which brings together the most important points of the subject. The works, cases, and casual publications of French and foreign surgeons are largely used and fairly discussed, their opinions and operations cleverly scrutinised, and excellent practical hints deduced from the discussion. The references are extremely abundant and accurate; they must have cost the author considerable labour.

M. Cocteau states, *in limine*, that his essay does not include congenital urethral fistulæ; and he treats consecutively in his many chapters of—1st, the causes and mode of formation of urethral fistulæ; 2nd, the nature of fistulæ communicating with the rectum; 3rd, the pathology and treatment of urethral fistulæ opening into the perineum or scrotum; and 4th, the fistulæ along the sheath of the penis. The etiology, in the first chapter, is as complete as fourteen pages could make it. The second, from its very nature, is short, but satisfactory. In the third, urethro-perineal and urethro-scrotal fistulæ are discussed with that strict regularity which is peculiar to French works, the etiology, pathology, symptoms, diagnosis, prognosis, progress, and treatment following each other with classical symmetry.

Of course, as to treatment, the calibre of the urethra is, if possible, to be restored. The author is not favourable to permanent dilatation by instruments left in the urethra; and, somewhat hastily, and we think erroneously, rejects rapid or forced dilatation. He considers internal or external incision of the strictured portion useful in appropriate cases, but thinks that Mr. Syme has been rather enthusiastic in his notions.

As to the management of the fistulous tracts the author rapidly discusses, *seriatim*, incisions, excisions, cauterisation, injections, suture, and autoplasty. His conclusions are quite in accordance with the practice of every good surgeon.

M. Cocteau dwells more largely on fistulæ which occupy the sheath of the penis, and devotes fifty-eight pages to the consideration of the subject. He is particularly explicit as to urethroraphy and urethroplasty, and gives a minute description of the methods which have been employed by English, French, German, and Italian surgeons.

A very useful bibliographical index is added to the essay, and may be profitably consulted, as it affords, in some degree, at a glance, opinions and methods of practice disseminated in a great number of books and periodical works.

Counsel to a Mother. Being a continuation and the completion of "Advice to a Mother." By PYE HENRY CHAVASSE. pp. 180. London: Churchill & Sons. 1869.

MR. CHAVASSE'S works addressed to a wife and a mother are so well known and so deservedly popular, that we can but regret that he should have added to the series a book which can be of little service to a mother who possesses the former volume, and which will add nothing to his reputation. Though Mr. Chavasse's advice as a medical man may be eagerly sought, most parents will think that they have a right to an opinion on many of the subjects upon which the author here dogmatises; and that it is a little beside the mark for their doctor to lecture them on such subjects as Affectation, Bravery, Disobedience, Impartiality, Love, &c. &c., copiously interspersing his remarks with quotations in prose and verse. With regard to a "Poem on Childhood," by the author, occupying ten pages of the work, we had rather be silent critically, and leave the author to the tender dealing of his friends, of whom he has many. The advice contained in these pages is nevertheless sound, and may be studied with advantage by inexperienced parents.

Foreign Gleanings.

EFFECTS OF CARBOLIC ACID ON THE ECONOMY, ON VEGETABLE PARASITES, AND DISEASES OF THE SKIN.

DR. NEUMANN, of Vienna, has published, in Dr. Pick's *Archiv für Dermatologie und Syphilis*, Part III. (1869), an excellent article on the above subject. The author experimented largely on animals and plants, and has used the acid in a certain number of cases, the principal of which he relates. Dr. Neumann sums up as follows:—Carbolic acid is an energetic poison, which acts directly on the nervous system; its external or internal use may cause death. It acts three times more quickly when injected under the skin than when taken into the stomach. The acid is useful in scaly skin diseases, but especially in their early stage; it may be used as a caustic in chronic inflammations, and in parasitic affections. The acid, finally, possesses the power of arresting the germination of the lower vegetable organisms; but the solutions must for this purpose be stronger than has been advised—viz., 1 in 500 or 300, and not 1 in 1000.

VILLATE'S LIQUOR.

Now that carbolic acid is in fashion, it is not out of place, as the reign of therapeutical agents is sometimes short-lived, to notice that M. Notta, of Lisieux (France), has lately strengthened his long advocacy of Villate's liquor, by the publication of fifty-four cases of fistulous tracts connected with carious and necrosed bone, cold abscesses, gunshot wounds, crushing of limbs, in which injections with this solution have been successful. The composition of Villate's liquor, originally used in veterinary practice, is as follows:—Liquor of subacetate of lead, four ounces; crystallised sulphate of zinc, two ounces; crystallised sulphate of copper, two ounces; white wine vinegar, two pounds. It should be used prudently, as Lassaigue has shown that these substances react upon each other in such wise that an excess of vinegar holds in suspension about an ounce and a half of sulphate of copper, a little more of sulphate of zinc, three-quarters of an ounce of acetate of copper, as much acetate of zinc, and nearly two ounces of insoluble sulphate of lead. Two cases of death have made surgeons cautious; but, with due precautions as to the quantities injected, the testimony of Velpeau and Nélaton will tend to render the use of the liquor more general.

THE SULPHITES ATTACKED.

Polli's theory has been energetically questioned in Florence by Dr. Bellini, who endeavoured to prove that when the sulphites are given for some time in pretty large doses they may retard morbid fermentation, not as sulphites, but by rendering the fluids of the economy more alkaline. Dr. Paganucci supported this view (at a meeting of the Physico-Medical Society of Florence), and stated that, for anatomical purposes, he succeeded in retarding putrefaction by injecting into the vessels a solution of carbonate of soda.

VACCINATION NEEDLE.

Dr. Falconi mentions, in the *Giornale delle Malat. Ven.*, that he has found the following needle useful:—Length, that of ordinary needles; at the extremity a kind of minute and pointed bowl connected with the groove in the needle. The lymph placed in the bowl passes partly into the groove, and when the instrument is horizontally thrust under the skin, the subcutaneous tissues are bathed with the lymph.

EXCISION OF THE KNEE IN FRANCE.

It would appear that excision of the knee is seldom performed, or seldom succeeds, in Paris, as considerable attention has been directed to the case of a woman, aged twenty-one, under the care of Prof. Richet, whose knee had been the seat of chronic inflammation and abscess for eight years, and who after the operation contrived to walk pretty well. Such cases are common enough in this country.

THE LANCET.

LONDON: SATURDAY, SEPTEMBER 18, 1869.

THE Eleventh Report of the Medical Officer of the Privy Council, just published, places Mr. SIMON among the declared opponents of the extension of the Contagious Diseases Act to the civil population. He devotes ten pages to the "Question of State interference to provide for Disinfection of Prostitutes," and, in his own clear and incisive style, advances an array of reasons which induce him "very decidedly to refrain from recommending any change in that neutral position which English law has hitherto held in regard of the venereal diseases of the civil population." Such a declaration, proceeding from so high an authority, would, if it rested on the grounds of authority alone, be accepted as almost conclusive of the question. Fortunately, however, as we have said, Mr. SIMON gives his reasons; and we do not despair of being able, by an examination of these, to put the matter in a somewhat different light.

Mr. SIMON assumes broadly that the prevalence and severity of venereal diseases have been greatly exaggerated by the advocates of restrictive legislation; and he rests this assumption mainly upon a report by Mr. WAGSTAFFE, who, under his direction, has made inquiries at some of the hospitals and workhouse infirmaries in London. Mr. SIMON'S views upon this part of the question should be stated in his own words. He says:—

"As regards the actual quantity of venereal disease current in this country, and the importance of such disease to the public health, it is to be remembered that under the head of 'venereal diseases' are included three chief sorts of disease, and of course in each sort many different degrees of severity..... *Gonorrhœa* is never, even temporarily, of much importance to women, nor ever, unless very exceptionally, of much permanent importance even to men; but yet thus far it is not a quite unimportant affection, that in men it is often extremely inconvenient—indeed, sometimes involves for a time painful and even disabling complications, and cannot absolutely be said never to leave permanent local damage behind it. *Pseudo-syphilis*, or so-called 'simple chancre,' is a form of ulcer which may be of considerable local destructiveness, and is often attended by inguinal buboes, but leads to no specific ulterior consequences. *True syphilis*, arising as 'hard chancre,' or in other less characteristic primary affections, involves an outbreak or successive outbreaks of so-called 'secondary symptoms;' which, though almost invariably amenable to medical treatment as they arise, and probably in an immense majority of cases not of more than transient importance to the person attacked, are yet not infrequently a more or less troublesome relapsing illness, and sometimes, even in spite of treatment, a long subsequent danger to life; and this true syphilis is of permanent interest to society, partly because of the cases (though comparatively very few) in which it is intractable in the person of the original sufferer, but still more because of the indefinite duration of time for which he or she may at intervals be capable of infecting others, and because the issue of syphilitic parents is apt to perish during utero-gestation, or to be born more or less syphilitic. In seeking to estimate, without exaggeration, the harm which society suffers from venereal diseases, ... it is essential to observe these distinctions, and not to use the word 'venereal' as if it were synonymous with syphilitic; and it is also essential that whatever purports to be statistical evidence on the subject should be evidence on a sufficiently large and impartial scale..... The contents of Mr. Wagstaffe's report render it, I think, highly probable that, of the sick poor who at any given moment are receiving medical relief under the Poor Law and at dispensaries and general hospitals in London, only about 7 per cent. have venereal disease of one kind or another, and that only in about half this proportion the form of disease is true syphilis. ..... On inquiry I find that, of 118,500 children treated during the last ten years at the Ormond-street Hospital, the proportion recorded to have been syphilitic has been only 1¼ per cent. Thus the quantity of evil appears to be many times less than advocates of legislative interference may imagine; and it must be remembered that London probably illustrates the utmost dimensions which the evil can attain in this country."

The foregoing extracts contain a larger series of propositions than it will be possible to deal with satisfactorily in the limits of a single article; but still we must endeavour to state briefly some of our cardinal objections to them.

In the first place, is it true that "gonorrhœa is never even temporarily of much importance to women"? Is it not occasionally the primary cause of some internal inflammations that produce permanent barrenness; and of others that may terminate in pelvic cellulitis, leading to severe and lingering illness, and even to death? In men, is it "very exceptional" that gonorrhœa should produce stricture? and is it very exceptional that stricture should cause renal disease and death? The experience of any London hospital would surely answer these questions in an unmistakable manner, and would prove that Mr. SIMON has understated the gravity of this one form of disease. "Pseudo-syphilis" we are content to surrender to him; but as regards true syphilis we think he has erred in the same way as with gonorrhœa, and we do not see that the Report to which he alludes affords even the materials for a judgment upon the question. Mr. WAGSTAFFE has made observations at, and obtained out-patient returns from, St. Bartholomew's, St. Thomas's, St. George's, and the Royal Free Hospitals, and from the Western General, Finsbury, Farringdon, Surrey, and Stanhope-street Dispensaries; and in-patient returns from St. George's, the London, the Royal Free, the Female and Male Lock Hospitals, and from the Lambeth and St. Pancras Workhouse Infirmaries. He states that "only those cases have been entered as venereal where the disease for the relief of which the applicant presented himself was due directly or indirectly to some form of venereal affection; and no entry has been made of those who at some previous time in their lives have had one or other kind of such disease."

It is quite evident that such an inquiry as this, made with any resemblance to the ordinary way of investigating the cases of out-patients, would altogether fail of arriving at the truth. It would omit from consideration the whole of the remote effects of syphilis, the gummose tumours of the brain, liver, and other organs, and the many cases of syphilitic cachexia in which all manner of symptoms continue unrelieved until they are treated by anti-syphilitic

remedies. The quality of the statistics may also be shown by their differences. Thus, in the ophthalmic department at St. Thomas's, the syphilitic out-patients amount to 10 per cent. of the whole number; at St. George's only to 4 per cent. Putting percentages on one side, and not allowing the amount of venereal disease in London to be disregarded as trifling because it is concealed by a vast amount of comparatively trivial cases of other forms of illness, we find that Mr. WAGSTAFFE's tables absolutely show *three hundred and forty-five* cases of acquired syphilis among the out-patients of four London hospitals in the course of a single week—(the quota of the Royal Free was contributed in four days only), or *seventeen thousand nine hundred and forty cases in the year*. If we allow that the other seven hospitals, and all the special hospitals, and the dispensaries and parish doctors, treat twice as large an aggregate, we shall at once arrive at a total of nearly fifty-four thousand patients, each with acquired syphilis, treated by charity, in the course of the year, and each one of them liable, of course, to infect many others. We think this alone is a sufficiently strong case on which to rest legislation.

We doubt very much, however, whether this number, large as it is, at all adequately represents the magnitude of the evil. The people who go to hospitals for relief belong largely to classes in which the ties of morality sit somewhat loosely, and in which there is probably less resort to hired prostitutes than among those a little higher in the social scale. Prostitutes are much resorted to by clerks and shopmen, and they, when diseased, are more likely to go and pay shillings to a druggist than to make application to an hospital. They are none the less likely or less liable to diffuse syphilis in society; and, on account of the deterioration of race that it may involve, their disease becomes of public importance.

With regard to women, it has recently been reported by Dr. ELLIS, surgeon to the St. Pancras Workhouse Infirmary, that they, when they become diseased in brothels, and are too sore to carry on their business, remain as servants at the same house, or in some other house belonging to the same proprietor, and do not seek hospital relief unless they are "very bad indeed." The circumstance that an infecting sore, in either sex, is neither very painful nor attended by much depression, serves to prevent many persons from seeking aid at all; and we do not think that Mr. WAGSTAFFE's researches throw the smallest light upon the question at issue.

Finally, we must take exception to the statement that London "illustrates the largest dimensions of the evil." We believe there are country towns in which syphilis is actually more prevalent than in London, and in which, from certain social conditions, it is even more liable to spread.

The prevalence and the severity of syphilis have little bearing upon Mr. SIMON's main argument, to which, although it concerns social science rather than medicine, we purpose to call the attention of our readers at an early period. At present we can only protest against any endeavour, especially on the part of so high an authority as Mr. SIMON, either to underrate the severity of venereal disease, or to hide its prevalence by contrasting it with the thousands of trumpery ailments that make up the roll of the out-patients at our hospitals.

WE are quite open to any new light on the question of Vaccination and Small-pox. Meantime we wish to point out one great hardship of the present state of the law. When everybody is having a fling at the Vaccination Act, it would be very hard that we should not have ours. The fact is, that the only people injured by the Compulsory Vaccination Act are medical men. And they are seriously injured by it, as we can easily show. There is no disease which pays medical men better than small-pox. A good attack of it makes a man, or a child either, a patient for a solid month. Then the chances are that the patient is left very weak, and with a very eruptive tendency impressed upon him, for another month at least. Styes, or abscesses, or eruptions are frequent results of small-pox. It puts vaccination into the shade for after-consequences, which inconvenience the patient, but greatly swell his medical bill. We saw a boy lately with an ulcer of the arm several inches long, which had been left by small-pox five years ago. CULLEN well said, "Though the small-pox be not immediately fatal, the more violent kinds are often followed by a morbid state of the body of various kind and event." It will, then, be readily understood that when the law compels vaccination, it does a great injury to medical men, and aims a most serious blow at a disease which has occasioned many a good doctor's bill. Not only does the Compulsory Vaccination Act prevent small-pox, and so injure the medical profession, but it is being worked in a way which offends medical men very much. Previous to the present stringent Act, public vaccination in a parish was done by several medical men, often by all the practitioners who chose to act as public vaccinators. Lately there has been a disposition on the part of the Privy Council and the Poor-law authorities to reduce to a minimum the number of public vaccinators; so that where there were three or four in large districts, there is now only one. In this way the profit of vaccination is shared by a very few members of the profession. By the present compulsory Act, therefore, the (to the doctors) profitable disease of small-pox is wellnigh abolished, and the preventive disease of vaccination is entrusted to a very few medical men, who, by so much, interfere with the duties and profits of the medical practitioner. Of course Mr. GIBBS, the itinerant lecturer against vaccination, says, and will continue to say—for it is impossible for him not to talk nonsense,—that the present law is upheld by the medical press in the interest of the profession. We do not write with such a utopian object as that of convincing Mr. GIBBS. But the above simple statement will satisfy common and candid people that the Compulsory Vaccination Act involves a dead loss to the medical profession; and that if medical men and journals advocate vaccination, and even the compulsory enforcement of it, it is in direct opposition to their own interests.

We are quite prepared for the abolition of the Vaccination Act. Medical men can and do, by vaccination, or rather by revaccination, protect themselves from small-pox, so that they go in and out among patients afflicted with this loath

some disease with perfect security. We have everything to gain pecuniarily by a return to the small-pox *régime* of our forefathers, or the milder form of it which obtained before the present Act was passed, and applied with such creditable firmness by the magistrates.

Meantime we shall continue our disinterested support of an Act which indeed is one of the wisest and most humane which ever adorned our statute-book. Fanatical people may easily get up a case against vaccination; for it is a disease, and sometimes starts other ailments which are unseemly and inconvenient. But the question is not whether vaccination sometimes occasions inconvenience, but is there any comparison between the inconvenience occasioned by vaccination and that occasioned by small-pox? There never was a question in regard to which reason and facts were more on one side and fancy and fanaticism on the other. The most recent case illustrates the stuff of which objections are made. A child is brought into Court covered with an eruption occurring after vaccination, but with which the operation had probably nothing whatever to do. It occurred here just in sufficient nearness to vaccination to be made use of against the Vaccination Act. Then there is the case of Mr. EMERY, who would write in stone the responsibilities of the Act, and who seeks permission to inscribe upon the tombstone of his infant son "Departed this life from the mortal effects of vaccination." If it would be any gratification to Mr. EMERY to see this on the tombstone of his child, we should be glad to hear that the inscription had been allowed. If vaccination has slain an infant of four months, the case is unique enough to be so distinguished, and will not seriously predispose sensible people in favour of small-pox, which has slain its millions.

We would wish to conclude, however, by impressing upon Parliament and the public the great advantages to the medical profession of small-pox.

WE announced in our issue of the 4th inst. that, in consequence of the course he had felt it right to pursue with regard to the unsatisfactory state of the casualty department at that hospital, Dr. MAYO, one of the house-physicians of St. Bartholomew's, had been suspended from his office until the next meeting of the Governors. That meeting was held on Tuesday last, and we regret to have now to add that he has been dismissed by the unanimous vote of the Governors there present, on the alleged ground that he had declined to recognise the authority of the lay government of the hospital to issue to him any order not included in the terms of the contract or "charge," to which he had agreed when he paid for the post. His case is now before us in a pamphlet which he addressed to the Governors before the date of the meeting just alluded to. Briefly, Dr. MAYO entered on the office of house-physician in the expectation of having in the casualty out-patient and ward practice of the hospital exceptionally good opportunities of extending his experience; but no sooner was he installed than he discovered that he was expected to see, in the course of a morning, as many as from three to four hundred casualty patients, besides having to go the round of his wards, and was not long in coming to the conclusion that to prescribe for new patients at the rate of one hundred an hour, or forty seconds a head, was unprofitable for himself, dangerous to the patients, and altogether a shameful farce, and that it entailed an amount of mental and physical fatigue that rendered him unfit for his duties in the wards. His first step was, in concert with his two colleagues, to beg the authorities to make such changes as would relieve them of such unheard-of responsibilities. After waiting in vain for two months for a reply, the house-physicians felt compelled to take the matter into their own hands, and formally declined to be responsible for the treatment of more than fifty new casualty patients in each morning until such time as fresh arrangements should be made for their relief. In reply, they were immediately referred to the "charge" to which they had acceded on taking office. Taking his stand on this document, Dr. MAYO (for his colleagues seem at this point to have abandoned all protest, and to have left him to fight the battle alone) sent to the assistant-physician of the day in the out-patient room, all patients who were likely to require to be seen more than two or three times. This proceeding relieved the casualty department, but produced a state of dead-lock in the out-patient room. Dr. MAYO was then peremptorily ordered to desist from this *dernier ressort*; but, determined no longer to neglect the more important work of the wards, and not return to the undignified and perilous farce in the casualty room, he declined to recognise as binding any terms but those of the charge to which he had been referred. Hence his dismissal from an office which for nearly six months he had filled to the unqualified satisfaction of his professional superiors. Now we cannot but think that in dismissing a zealous and talented officer of distinguished antecedents—for he is a Fellow of his College, and has been coroner of the University of Oxford, and staff surgeon and medical inspector in the United States army—the governors have taken a very serious step, and one for which we hope they will be able to show ample reasons; for we are informed that neither Dr. MAYO nor the senior students of the hospital will allow the matter to rest as it at present stands.

Of the truth of Dr. MAYO's allegations, the complaints and grievances of house-surgeons, dressers, and others which have from time to time figured in our columns would be sufficient proof; but, having felt it our duty ever since these questions were first mooted to be well informed on all their details, we have no hesitation in saying that his temperate statement only contains a portion of the truth; and, were it likely to serve any useful purpose, we could astonish our readers with numerous details of the malpractice which necessarily results from such a state of things as exists. To illustrate our meaning, and to show that the surgical side of the casualty department can be but little better than the medical, we merely quote the case of a man who was treated for a fortnight with bandaging of the legs for acute nephritis before the real nature of his disease was detected, although he presented the most marked symptoms. Truly, Dr. MAYO cannot be accused of having too soon forced this matter before the consideration of the governors; our surprise is that it has been tolerated so long.

One more point remains to be noticed. Dr. MAYO has, we believe, the almost unanimous but unexpressed sym-

pathy of the staff of the hospital. May we be permitted to ask what these gentlemen have done to avert or remedy these abuses? Had they taken the matter in hand, and from the stand-point of their high reputation and position exerted only a gentle but persistent pressure on the lay governing body, might they not have spared Dr. MAYO from his present painful, but we think not inglorious, position, and have averted a scandal which affects the medical school as much as it does the hospital?

DR. HESLOP, of Birmingham, is not apt to touch a subject without giving a great living interest to it. And when we say that he has been treating of the plight of sick children in large towns at the British Medical Association, our readers will be prepared to hear that he has put this terrible subject in some startling lights. Not being prepared, as a recent writer in the *Fortnightly Review* seems to be, to believe that the death of such children is the best thing that can happen, either in their interest or in that of society, Dr. HESLOP has endeavoured to point out some great evils in the actual condition of such children, in the hope of having them remedied. The one great evil with the illustration of which he mainly concerns himself, is that of the defective medical attention which these poor children get. And his illustration of the matter in Birmingham is very shocking. He gives a table, showing the kind and amount of medical attendance obtained by the sick children of the poor in Birmingham. This table gives the actual facts of 383 sick children attended by Dr. HESLOP at the Children's Hospital, of which he is the physician. These are the principal facts:—Of the 383 cases, 154 (or two-fifths of the whole) had applied to a druggist alone, 33 (or one-twelfth) only had been under the exclusive care of a qualified practitioner; 187 (or more than one-half) had been without any medical aid whatever! 163 had employed both surgeon and druggist. When it is remembered how serious and deadly the diseases of children are, it will be readily understood that such imperfect medical attention as is implied in the above figures means a practical infanticide in many cases. We are sorry that our space forbids us giving the literal particulars of the treatment of various cases of infantile disease before they came under Dr. HESLOP'S notice. The slightest reflection on 187 cases receiving no medical attention for days or weeks, and 154 receiving only the attention of a druggist, must convince us of the urgency of the question of medical provision for the children of the poor in large towns. Dr. HESLOP complains that while sick children supply the bulk of the serious sickness of a large city, no adequate provision is made for their treatment in the general hospitals and dispensaries. He illustrates this by the case of infantile diarrhœa, which is becoming more and more recognised as a valuable indication of the social and sanitary condition of sick children in large towns. Dr. HESLOP is very severe, and we think very unjust, in his statements of the unpopularity and inferiority of Poor-law medical advice and service. We think he greatly overstates these. Although the salary of Poor-law medical officers is a disgraceful pittance, it is yet true that many of the best practitioners in the country have accepted Poor-law appointments, and given an attention to their cases altogether disproportionate to the pay received.

Dr. HESLOP'S pamphlet, which should be read by every statesman and medical practitioner, exposes a most serious evil. The remedies he suggests are the general diffusion of children's hospitals and dispensaries, which should be the centres of sanitary associations and nursing sisterhoods; the formation of provident dispensaries; and, above all, the reorganisation, from the bottom, of the Poor-law medical service. In addition to all these, we would add, there must be social and political remedies that will develop and educate the humanity of the people. Apart from these we cannot expect either the intelligence, the providence, or the sense of responsibility in parents which mainly determine the care which a child is to receive *at home*. We have little hope of plans for treating children on any large scale in hospitals. Home is emphatically the proper hospital for children. We see by the Brighton papers the advertisement of a bazaar for an Hospital for Sick Children at Brighton under very distinguished patronage. In this hospital there seems to be everything but sick children. The out-patients admitted weekly (and this in August) are 10, 14, or 16. The in-patients for the same weeks, 2, 1, 1. The total number of in-patients admitted since February is 34. The week in which two in-patients were admitted two others were discharged, and the number prescribed for was 0: all this in a town of 90,000 inhabitants.

The problems are, to provide good medical advice and medicines *at home*, and to educate mothers in all the "lenient arts" of maternal nursing. It is extremely desirable that the poor should pay something for medical services rendered to them, and it is clear they cannot, in the ordinary way, pay medical men. Dr. HESLOP shows, what everybody knows who looks into the matter, that they get no advice, or bad advice and bad medicines. The question is one of State importance. It is one not alone for the medical profession, but for statesmen and for wise and good men and women in every rank to consider.

Medical Annotations.

"Ne quid nimis."

THE COLD-WATER TREATMENT OF FEBRILE DISEASES.

IN the course of a visit to Central Switzerland, the traveller must almost necessarily pass through the town of Bâle; and as many of our readers doubtless are intending to go immediately on a Swiss tour, it may be well to call their attention to the fact that even in medical matters there is much to be seen which will interest them highly. Bâle is at present the residence of several very able and distinguished physicians and surgeons, and a good deal of first-rate scientific work is being done there. But we specially mention it here because the medical clinic of the General Hospital affords an opportunity for studying the effects of a mode of treatment which is unaccountably neglected by the majority of the regular profession in this country. The use of the cold bath in all febrile diseases is carried out, under the skilful direction of Professor Liebermeister, with results which appear to us very striking.

Whenever the temperature rises as high as 102° Fahr., or thereabouts, the patient is placed in a plunge bath of temp. 54°, and kept there for ten minutes on the average; he is then immediately enveloped in a blanket and put into bed. The axillary temperature is strikingly lowered in this way, and the lowering goes on for some time afterwards. In the course of two, three, or more hours, however, it may have risen to its old height; and as soon as this is seen to be the case, the bath is at once repeated. In this way, as many as five to seven or eight baths may have to be given in the twenty-four hours. It is affirmed with a singular unanimity by all the practitioners of Bâle that this treatment is useful in every way; that it not merely notably diminishes the mortality (when properly carried out from a fairly early stage), but that the effect of constantly preventing the temperature of the blood from rising above a certain point is to ward off delirium and coma, and to diminish greatly the nervous oppression and distress which the patient suffers.

To those who are accustomed to follow the course of practical medicine in Germany there will be nothing new in this; for the writings of Jürgendsen, of Ziemssen, of Küchenmeister, and others, including the remarkable work of Liebermeister himself, will have made them aware of the great attention which is now given to the scientific use of hydropathy in various forms in acute diseases. But the surprising fact is, that in England, the country of Currie (the real founder of all scientific knowledge about the use of cold water in acute diseases), the subject is almost entirely neglected, not merely by busy practitioners, but in our great hospitals, where the method might be so easily and so well carried out. Were it but for purposes of experiment, it seems to us that all our large hospitals, and especially our fever hospitals, should at once commence and carry out a systematic trial of this treatment. The great metropolitan hospitals are more especially called upon to do this work, because they possess, in the students of their schools, a staff of assistants who would greatly assist in making the numerous thermometric observations which are necessary. For it must be well understood that without the most careful and repeated observations on this point the cold-water treatment is useless or hurtful, and that to do good in anything like severe cases it is needful to be very persevering. If, as we understand, the mortality of typhoid at Bâle, under the cold-water treatment, was only between 7 and 8 per cent. in a bad year, and less than 3 per cent. in a year when the milder type of the disease prevailed, a strong *primâ facie* case is made out, by that fact alone, for immediately instituting experiments on a large scale in this country. But when the whole mass of existing evidence is fairly considered, the obligation becomes much stronger; and we shall be surprised indeed if any long time is allowed to elapse before every large hospital in London gives a fair and extended trial to the cold-bath treatment of febrile diseases.

THE INDIAN MEDICAL SERVICE.

NEARLY every Indian mail brings with it tidings of the dissatisfaction felt by the officers of the above service. The late Viceroy, whatever may have been his administrative ability and qualities of character, does not appear to have dealt with the medical service in a generous or even in a fair spirit; and the new Viceroy seems, according to our correspondents, to have exercised his impartiality by imposing an equal injustice on the regimental branch of the service, and the class of medical officers in charge of civil stations alike. It is surely time for the authorities to make up their minds to withdraw their order, and concede to medical officers the same advantages as all other officers enjoy under the new Indian Furlough Regulations. Time was when the Indian Service attracted numbers of the best young medical men into its ranks, but the relatively small number of candidates which appeared at the last competitive examination must have convinced the Indian Government that the medical department is slowly, but surely, losing all its attractions. Service in India means expatriation, increased risk to life, and all the attendant discomforts of a residence in the tropics, as well as the acceptance often of greater professional responsibilities; but men were content to face these in consequence of the more generous recognition of the value of medical knowledge and skill accorded to them in times past. Motives of economy, want of faith, and vacillation appear to have characterised the administration of late; and dissatisfaction on the part of those actually in the medical service, and disinclination to enter on the part of those outside it, have naturally sprung up. The Indian Government can scarcely hope to obtain more candidates when the British Medical Department is again thrown open than they do now; and if their course be not speedily revised, we venture to prophesy there will be less. The main causes of dissatisfaction among medical officers are—that the majority of them receive less pay than is laid down by the Secretary of State as the allowance of their rank; that they are not permitted to retain their appointments on leaving India on furlough; and, lastly, that having no lien on their appointments, they have no claim to 50 per cent. of the pay.

THE CONTAGIOUS DISEASES ACT AT DEVONPORT.

WE have received a copy of a letter, published by Mr. Woolcombe, the Chairman of the Committee of the Royal Albert Hospital, Devonport, in answer to the statement of the medical officers of that institution which was noticed in THE LANCET of August 21st; and have also before us a rejoinder by the medical officers in question, and a letter addressed by them to the Admiralty. In addition, we have had the advantage of perusing certain documents bearing upon the question from a separate source altogether; and have thus been enabled, we hope, to take a fair and unbiased view of the whole question at issue.

It appears to us that the Admiralty has the undoubted right, which it evidently means to exercise, of controlling the management of the lock wards supported out of the public money. When we say that the Admiralty has expended over £25,000 on the buildings and plant, and contributes annually between £3000 and £4000, this claim cannot be considered out of place; and the probability is that, had the authorities known at the time what they were embarking in, they would have started an establishment entirely their own. It was convenient at the time, however, to subsidise the charity already existing; and certainly the charity has no reason to complain of its part of the bargain. Such being the case, the Admiralty has notified its intention to dispense with the services of the honorary medical officers, and to appoint a paid officer of its own; and had this been done in a way somewhat different from that which has been adopted, no difficulty, we believe, would have arisen. Unfortunately, in his zeal for carrying out the successful working of the Contagious Diseases Act, Mr. Woolcombe seems to have somewhat forgotten his position as chairman of a charity whose medical officers had long been doing arduous gratuitous work for Government; and, flattered no doubt by gratifying acknowledgments of his zeal from head-quarters, he has resolved to carry out the wishes of the authorities with a high hand. The evidence given before the Contagious Diseases Act Committee by Mr. Romaine (THE LANCET, August 7th, 1869), which was

suspected to have been supplied, in part at least, by Mr. Woolcombe, had already irritated the honorary medical officers; and when they received summary notice to quit, by the reading of a letter of the Secretary to the Admiralty, on the 17th August, it is not surprising that much feeling should have been excited and a local paper war lighted up.

Whether the statistics Mr. Woolcombe is said to have furnished to the Admiralty are fallacious or not is, we think, beside the question so long as any imputation upon the skill and care of the medical officers is withdrawn. We happen to know upon high and perfectly independent authority that, whilst the number of cases of contracted syphilis among the soldiers and sailors at Devonport is small, yet that the cases of gonorrhœa are on the increase. Now there is, no doubt, great difficulty in arriving at a just conclusion respecting the contagiousness or otherwise of a vaginal or uterine discharge, and the medical officers of the Albert Hospital appear to have, after considerable experience, made up their minds that many of these discharges are both incurable and innocuous; but with the fact we have mentioned in existence, it is not perhaps surprising that others draw a different conclusion. At all events, the Admiralty desire to have an officer under their authority to whom they can say, We wish these cases retained until the doubt is cleared up, and for this purpose are prepared to pay a salary which will compensate a young man in giving his whole time to the work.

We hope that what we have said will not be misconstrued as wishing to vest the authority over the lock wards in the hands of the Visiting Surgeon who examines the cases for admission. We still hold strongly that, in the words of the hospital committee, a resident "officer should not be subject to the control of the visiting surgeon;" but this by no means implies that the resident and the visiting surgeon should not work together under the authority of the inspector under the Act. The arguments against the visiting and the detaining officer being one and the same, we need not reproduce here, but we feel convinced that anything which will diminish the "power of appeal" of the unfortunates who come under the provisions of the Act will not meet with public approval.

To return once more to the Chairman and the medical officers. It is always to be regretted when the medical and lay elements of a charity come into collision, for its interests are, in consequence, sure to suffer in many ways. The Chairman proposes in his letter to diminish the number of medical officers on the Committee, but we trust that he is not serious in mooting a point upon which the sense of the subscribers is certain to be against him. When medical men give their services without fee or reward, they are entitled to at least as much influence as any other governor. The medical staff of the Albert Hospital have already done much good work, and will, we trust, do yet more; but nothing could be more discouraging to them than to find themselves excluded from all share of management of the charity. We trust that the bitter feelings which have been aroused may now be allayed, and that, leaving the Government portion of the building to official control, both parties will unite in forwarding the interests of their excellent local charity.

POISONING BY STRYCHNIA.

IN a case that has recently occurred at Cinderford, in the Forest of Dean, the wife of a clergyman, who had previously suffered from some mental affection rendering her confinement requisite, went to bed apparently well. Her husband followed her in the course of an hour. In the early morning he was aroused by her heavy breathing, and, in reply to questions, she stated she was suffering from cramp. She asked for water, rapidly fell into violent convulsions, and quickly died. The interest of the case centres in the fact that three medical men gave evidence to the effect that strychnia was the cause of death, though an expert analyst was unable to discover any traces of that poison in the contents of the alimentary canal. If our information, which is taken from a local paper, be correct, this seems to have been a somewhat rash and hasty conclusion. Considering how many pathological conditions may occasion convulsions, it would surely have been more prudent to leave the cause of death an open question, than to conclude, from the mere occurrence of convulsions, that strychnia had been ingested, but had been entirely removed by absorption. In a criminal case, even where strong presumptive evidence of malice exists, such an expression of opinion is of very doubtful propriety; but when the evidence is, as in this instance, rather opposed to the idea of poisoning, it can only serve as a cloak to ignorance, and tend rather to confuse than to elucidate the matter.

GIBRALTAR.

IT is not improbable that the visit of Mr. Childers to Gibraltar may be attended with satisfactory results, more immediately affecting the military occupants of the Rock. We understand that amongst the numerous inquiries respecting the station, the First Lord of the Admiralty directed considerable attention to the state of health of the troops, and to the sanitary arrangements connected therewith.

There are at Gibraltar a number of women that are almost all *aliens*, and the permission given them to reside on the Rock can at any moment be cancelled. When found to be diseased they are removed to the Civil Hospital, where they are properly treated, Government making a small annual grant in aid of this purpose. Those women, who are born on the Rock, are regarded as British subjects, and these cannot be interfered with by the police. The Contagious Diseases Act is, we are told, urgently needed at Gibraltar. The per-centage of venereal diseases amongst the troops is high, although the numbers contrast favourably with the usual per-centage in our garrison towns at home.

Our readers will remember that the inhabitants of Gibraltar were lately gladdened by the discovery of an unexpected source of water-supply at the north front of the garrison. A specimen was carefully analysed by Dr. Power, of the 74th Highlanders, and the water was pronounced to be of a satisfactory character. Since that time specimens have been forwarded to several eminent chemists in this country, and the results of their analyses are corroborative of those obtained by Dr. Power. There is abundance of water from this new source, and the importance of the discovery is manifest when we consider the character of the Rock, and the requirements made upon it by shipping, garrison, and residents.

THE WELSH FASTING GIRL.

OUR readers have doubtless had an opportunity of perusing Dr. Robert Fowler's sensible letter, and they will see that the view taken by him is in perfect accord with that which we ourselves expressed long ago. We pointed out the frequency with which stories of a similar character were always springing up, and how all those which had been thoroughly sifted had broken down; and we indicated what ought to be the proper course of action if the persons concerned were really desirous of having the truthfulness of their statements tested. The girl ought to have been removed to an infirmary, placed under the care of one of the medical staff, and in charge of one of the nurses, in a separate ward; and in a week there would have been an end to

the mystery altogether, or else the production of something like evidence as to what element of truth existed in it. We suspect few people would be so credulously simple as to swallow all the statements that have been made.

The impressions of Dr. R. Fowler, as described by him, are exactly those which every medical man of experience would have been led to expect. A girl in a weakly state of health, with a highly impressionable, emotional, nervous organisation, that has been unduly stimulated, as well as disordered, by religious reading and the sympathy of visitors, and having her vanity gratified by fuss, flowers, and ribands, will simulate anything almost well enough to deceive herself into believing it. And this case leads us to say that perversions of volition, similar to those observed in hysteria, are by no means uncommon among children. The marvellous way in which even ordinary children will exercise their imaginations and fancies so as to realise the creations of these to themselves objectively, may be witnessed by those who will attentively watch a child. And there is nothing so curious as the fancies that a sick child, accustomed to concentrate the attention of a household on itself, will entertain, unless it be the still more remarkable pertinacity with which it will act them out. Many of the protracted convalescences of children, like those of their elders, are the results of an unconscious kind of simulation, engendered by the sympathy and coddling received when ill, and which they cannot bear to part with when getting better. In the present case, the girl, like the damsel with the spirit of divination who met St. Paul in the streets of Philippi, doubtless brings much gain to her parents, besides making them the object of wondering interest to the Welsh mind; but we have no doubt that if the child were removed to the nearest infirmary, she would soon be cured sufficiently to eat Welsh mutton with a relish. The question now arises whether the stupidity or selfishness of parents, as in this case, ought to be allowed to bar the way to their child's return to health and happiness.

THE SCARBOROUGH HOME FOR CONVALESCENT LADIES, AND HOMŒOPATHY.

ONE or two ethical questions of interest arise in connexion with this institution. The Home is meant for the benefit of ladies of limited income. For the weekly sum of 12*s.* 6*d.*, or 15*s.*, the inmates are provided with board, lodging, and medical attendance. The promises of medical attendance were procured by the Committee requesting every medical gentleman in the Medical Directory practising in Scarborough to inform the Committee if he would be willing to give his gratuitous services to the inmates of the institution. Twelve gentlemen replied in the affirmative, and their names were published in a circular stating the objects of the Home. In this list was the name of a homœopathic practitioner, published without comment in the general list. This proceeding greatly offended many of the medical men, and they withdrew their names from the list of those who had consented to act. The Committee thereupon made this concession to the medical men who objected: they issued another prospectus, in which the homœopath's name was published as such, and in a separate line. But this did not induce the dissatisfied medical men to alter their decision, and they again refused to allow their names to appear "on the staff of a public institution where homœopathy is sanctioned." Hereupon a lively controversy appears to have arisen between the medical men who withdrew and those who still consented to act. The latter fortified themselves by appealing to Sir Thomas Watson and to Mr. Paget, who both concurred in thinking that there was no valid reason for the medical men refusing their individual gratuitous aid, because provision was made for homœopathic patients having a homœopathic adviser gratuitously.

The question has been placed before us in all its lights, and we are bound to say that, with our well-known, never concealed, and utter contempt for homœopathy, we yet see that the case of this Home is very different from that of an hospital, the medical men of which are supposed to act together. This Home is an aggregation of poor respectable ladies, paying so much per week for board and lodging, but who may require medical advice, and can ill afford to pay for it. Each lady chooses her medical attendant, and the medical men act singly, without consultation, colleagueship, or co-operation. The Committee have informed us that it was never in their intention to appoint any "medical staff" to the Home. These ladies differ in no way from private patients, except that they are not charged for medical attendance.

We are quite alive to the attempts of homœopaths to insinuate themselves into the society of regular practitioners; and in any ordinary hospital, where the medical men have to act together, the attempts must be resisted. But there seems to us no more in a medical man seeing a lady in this Home than there would be in seeing a lady in an hotel, in another room of which was a patient attended by a homœopath. At the same time, medical men are so bound not to give any sanction to the nonsense of homœopathy, that we cannot wonder that the retiring gentlemen acted as they did. And it would be well if homœopathic patients could be treated in entirely distinct institutions.

The more difficult question in the matter, it seems to us, is that of gratuitous service. We admit that the class whose benefit is contemplated is one often much to be pitied, and in which gratuitous service is often a purer piece of benevolence than when given to those apparently poorer; but we think that an arrangement might possibly have been made which would have both recognised the value of medical advice, and preserved the independence of the recipients.

ASYLUMS FOR DRINKERS.

IT is with feelings of sincere regret that this country does not possess similar institutions that we have read in the *Pall Mall Gazette* a notice of a new American "Inebriate Home." The Legislature of New York has provided this establishment for the wants of King's County, at a cost of £30,000 for land and buildings, and has endowed it with £1500 a year from the excise licence fees, and from the fines for violation of the excise laws. Two classes of inmates are to be kept in the Home—those who come there voluntarily, and those who are sent by the justices on conviction as "habitual drunkards." No one can be detained more than six months in the establishment except by his own request.

We are very much inclined to believe that, in spite of Mr. Bruce's very natural scruples and doubts (expressed the other day in an official letter to someone who had asked him whether drunkards could not be forcibly detained in an asylum), English legislation ought at once to adopt the principle recognised by the New York Legislature. We have not the slightest faith in any result from repressive legislation respecting the liquor traffic, except as to the correction of some minor evils caused by our bad licensing system. We cannot approve, either from experience or on principle, of the teetotal propaganda, which seems to us only to touch the very surface of the evil, and that in a most clumsy and inefficient way. Two things we really do believe in. By far the most efficient remedy against the spread of drunkenness would be the general extension of education, and that vast improvement in the dwellings of the poor which is now so urgently demanded by all intelligent

persons, and which we may hope, perhaps, to see accomplished in the course of a generation or two. But there is a secondary work to be done, which also seems to us to be of great and unquestionable importance. Until habitual drunkenness can be legally punished by prolonged incarceration in an asylum where the drunkard may be cured of his vice, we cannot think that the State has taken the part which is its duty in dealing with this most grave national question. And it is equally important that provision should be made for the other part of the American scheme by the establishment of institutions which drinkers may voluntarily enter, and then be compulsorily detained in for a certain maximum period.

THE HEALTH OF THE EMPEROR NAPOLEON.

OUR Paris correspondent gives the following important particulars relative to the illness of the Emperor, obtained from the very best authority:—The Emperor's health has considerably improved since my last letter. He is now a convalescent. His features, however, are much altered; his face has become pale and thin. He has recovered his appetite, and is now able to take and digest food. He has renounced his voyage to Chalons. His medical attendants (Nélaton, Fauvel, and Ricord) still go every day to St. Cloud. Since Friday last (Sept. 10th) he has not returned to Paris. The journey somewhat fatigued him; and since then he has contented himself with taking a daily walk in the gardens of St. Cloud. It is rumoured that he will shortly leave St. Cloud and repair to Biarritz, or some town on the southern coast of France, in order to regain his health. The rheumatism has been very secondary indeed—only a passing touch, entailing pain, &c.; but the chief disease has been a fissured hæmorrhoidal tumour. It was this affection which prevented the Emperor from walking about, from sitting on horseback, in a carriage, &c., and obliged him to keep in bed, or remain almost constantly on an easy couch. The strict diet, the pre-occupations, and the treatment adopted, have combined to render the Emperor somewhat thin, and to give him a wan expression of countenance.

THE LATE EPIDEMIC AT THE GAMBIA.

A FEARFUL outbreak of cholera raged lately on the banks of the Gambia in West Africa, which cost the lives of a large proportion of the population; but it seems that the Government was incapable of sufficient energy or generosity to take the ordinary sanitary precautions necessary for the protection of the living. We have before us a letter, signed by four witnesses of position and veracity, stating that, on the occasion of their attending the Cholera Cemetery at Bathurst on the 29th of May last, for the burial of a friend, they passed through the trenches which had been dug for the dead who had fallen by cholera. As they passed, feet, legs, and arms were protruding from these horrid graves; and the stench from the exposed bodies was horrible. Surely this must be a most effectual mode of keeping pestilence alive at the Gambia. The disgusting method of burying these poor Africans with something worse than the "burial of a dog," is alone sufficiently disgraceful; but there can be no possible excuse for leaving the bodies of those who had suffered from a pestilence as carrion in an unhealthy climate, to pollute the atmosphere and preserve the plague. No grounds of economy can be sufficient to exonerate an administration which permitted such revolting scenes. While the conduct of the Admiral, who acted as administrator at the station, appears to have raised a large amount of angry discussion and adverse criticism, it is gratifying to find that the European residents, military garrison, and inhabitants have warmly expressed their approval of the conduct of the medical men during the late terrible visitation of cholera. The services of Dr. Jeans were acknowledged by the colonists, European merchants, and native traders. We have also ascertained that Staff-Surgeon Gunn, who was the principal medical officer at the Gambia, was indefatigable in his exertions. Mr. Gunn and Assistant-Surgeon Waters frequently visited the troops, scattered in different directions, at all hours of the day and night, and gave their services wherever they were required. The officer commanding the troops, on handing over the command of the station, published a brigade order, expressing his high appreciation of the services rendered by the medical department.

DR. LIVINGSTONE.

NOTWITHSTANDING the doubts and fears entertained by many as to the safety of this renowned traveller, it is cheering to find that the experience and judgment of Sir Roderick Murchison lead him to firmly believe in Livingstone's reappearance. "I have such implicit confidence," Sir Roderick writes, "in the tenacity of purpose, undying resolution, and herculean frame of Livingstone, that, however he may be delayed, I hold stoutly to the opinion that he will overcome every obstacle, and will, as I have suggested, emerge from South Africa on the same western shore on which he appeared after his first great march across that region, and long after his life had been despaired of." It may be that the veteran geographer's prognostication springs in some measure from the strong wish he is known to entertain for Livingstone's safety, and there can be no one, certainly none of our profession, but will most heartily rejoice if it should prove correct.

INQUESTS IN WORKHOUSES AND PRISONS.

How many times must we repeat the demand, originally made by the late Mr. Wakley, and constantly supported by examples which show its necessity and justice, that all deaths in workhouses, lunatic asylums, and prisons shall be made the subject of legal inquiry? These institutions are conducted with closed doors, and it would be ridiculous affectation to assume that the public think the managers of these places so immaculate that they may be blindly trusted. As regards the workhouses, we need hardly say that there is not merely the suspicion but the moral certainty that many deaths have taken place within their walls which ought to have been followed by a verdict of manslaughter against some cruel or grossly careless attendant or official. And as regards lunatic asylums, the popular suspicions against them, though in reality far less founded on fact, are even more lively than the general distrust of workhouses. An inquest held the other day at Colney Hatch shows how desirable it is that inquests should always be held. The case happened to be one of suicide, but it is obvious that if the officials had wanted to keep the matter quiet they might plausibly have called it a natural death. A female lunatic, suffering from heart disease, had tied a handkerchief so inefficiently round her neck that in a healthy person death would probably not have occurred, and it was only the abnormal ease with which embarrassment of the circulation could be produced in her case that made her suicidal effort successful. The example is only one of many which might be adduced to show how imperatively necessary it is that the deaths of persons who have been living in confinement, away from the public eye, should, as a matter of course, be openly investigated.

A SANITARY INSPECTOR WANTED.

ANYONE walking through the pleasant green fields between Highgate and Fortis-green will have his nostrils assailed

by the most abominable odour, arising from an open ditch, passing beneath the high road and Great Northern Railway, and winding towards Finchley. On tracing this open drain —which, by the marks on the bushes, frequently overflows its banks—to its source, we found it in a field through which a public footpath runs at the back of Hampstead-lane, and close to a crescent of new and, at present, unoccupied villas, in which the odour was distinctly perceptible. Here the open mouth of a large earthenware drain empties its contents, which are said to be *only* the overflow of some large cesspools receiving the drainage of the houses on the north-west side of Highgate. However this may be, it is certain that the new houses in the crescent, at the back of the playing fields of the Cholmeley School, have lately been drained into this open ditch, and that its stench is abominable. The drains of many of the houses of Fortis Green also run into this ditch, and no attempt has been made to cover it in, or to turn it from a very close proximity to a public footway. What the ultimate destination of the sewage may be, we cannot say, neither time nor opportunity admitting of our tracing it out; it is sufficient for us to call the most serious attention of the local sanitary authorities to the nuisance, and to impress upon the inhabitants of the district the danger to which such an open sewer exposes them.

HOW TO DO IT.

OUR readers will have gathered from the accounts forwarded by order of H.R.H. the Commander-in-Chief to the daily papers, that considerable misapprehension had arisen regarding the extent of sickness on board H.M.'s ship *Orontes*, with the 99th Regiment and a company of Royal Engineers on board, on her way from the Cape and St. Helena to this country. It appears that when the vessel had arrived at the island of Ascension, a case of scarlatina occurred among the children, and in a few days there were four children suffering from that disease. The screw of the steamer had broken down on her voyage, and she had, consequently, to proceed on her voyage under sail. The ship contained, in addition to the troops, a large number of officers' wives and families and women and children, and the amount of space at their disposal was, in the absence of any sickness among them, not by any means too liberal. To leave a large number of persons on a volcanic island like that of Ascension, where food and clothes were very difficult to procure, was a course which seemed open to grave objections. The doctors of both services held a conference on the subject, and determined to land the women and children, amounting in all to 326, rather than incur the responsibility of exposing them to the contagion of scarlatina. The decision was not a very popular one, but we consider it to have been a wise one for all that. The *Simoon* is to start immediately to bring home the people left at Ascension, and a supply of medical comforts has meanwhile been shipped off by a mail packet. The *Simoon*, at the suggestion of the medical authorities, will carry out an abundance of fresh provisions and warm clothing. A cow, and a supply of preserved milk, will meet the requirements of the children. On the whole, we think the authorities have proved that they know "how to do it," and can do it when they like.

ALLEGED EVILS OF VACCINATION.

CONSIDERING the immense number of infants vaccinated, it is not surprising that some of them should be in a more or less delicate state of health at the time of the operation, nor is it wonderful that some of the many diseases incidental to childhood should occasionally manifest themselves subsequently. The public, however, scarcely ever make any effort to discriminate between a disorder which simply succeeds vaccination, and one which may be traced to the operation as an exciting cause. It is sufficient for vaccination to have been performed for parents to credit it with everything that follows. The case of the child of Mrs. Hudson, alleged to have been poisoned by vaccination, is one in point. According to the reports, it would seem that this child owed its loss of health, and a terrible skin disease, to the introduction of vaccine virus into its system. No sooner, however, does the case come to be investigated by an impartial and educated person than the facts assume a very different complexion. Dr. Seaton, the senior medical inspector of H.M. Privy Council has, in his letter, completely disproved the allegation that there was transmission of disease from one child to the other, by showing that the source from which the lymph was derived was in all respects a thoroughly healthy child, and that other children vaccinated with the same lymph developed no untoward symptoms. The child Hudson, on the other hand, was weak, delicate, and out of health at the time of its being vaccinated, and it is now suffering from eczema—a disease of the commonest occurrence among children of the poorer classes, and one from which those of the richer are not by any means exempt, where strict cleanliness is not observed, and care and discrimination are not exercised in dieting and nursing.

THE LONDON HOSPITAL.

Two vacancies have occurred on the surgical staff of the London Hospital, owing to the retirement of Mr. Curling, and the resignation of Mr. Louis Little, who has, we understand, entered upon a partnership of a lucrative character in China. There are already several candidates for the appointments, among whom are Mr. Richard Davy, surgical registrar at the Westminster Hospital, and surgeon to the Surgical Aid Society; Mr. Henry Reeves, Demonstrator of Anatomy at the Middlesex Hospital, and surgeon to the Westminster General Dispensary; and Mr. Richard F. Hay, house-surgeon to the London Hospital.

The London Hospital has been somewhat remarkable for the rapid changes which have taken place on its staff during the last few years. Thus the whole of the senior surgical staff has changed within the last seven years, and the present fortunate senior surgeon, Mr. Jonathan Hutchinson, has been but nine years in climbing from the bottom to the top of the ladder.

ST. BARTHOLOMEW'S HOSPITAL.

WE are sorry to hear that the disturbed state of the political atmosphere of St. Bartholomew's Hospital will prevent the usual delivery of an introductory address on the 1st of October. We can only regret that the disputes between the treasurer and the temporary staff should have led to such a result, and fear that these internal dissensions cannot but prove prejudicial to the hospital as a medical school. If no other course can be adopted, we would urge an early appeal to the authority and good offices of H.R.H. the President of the hospital, who has already shown much interest in its well-being, and whose regard for its senior surgeon is well known.

THE MANUFACTURE OF FEVER.

IF the sanitary condition of the village of Scotherne, in Lincolnshire, be anything like as bad as the description given of it by a Mr. Mantle, at a late meeting of the Lincoln Board of Guardians, would lead us to believe, it must be bad indeed. People desirous of knowing what to avoid might get a good lesson from a visit to this pleasant locality. Fever is rife there, and so are dirt, defective drainage, and bad water, apparently. The wells, according to Mr.

Mantle, were, at the time of his visit, filled with sewage matter; and the water of one pump was stinking from this cause, although even this did not prevent the people from drinking it,—at any rate, a woman was found who acknowledged to having done so. One house, occupied by a widow and five children, the father having died of fever last year, is described as being built on a declivity; the pigsty, privy, vault, and cesspool being so full that after a shower of rain the contents were washed up to and past the door. But we need not pursue these details any further. It is found that persons who are insensible to motives of humanity and a sense of duty, are keenly alive to anything likely to touch their pockets; and Mr. Mantle appears to have stirred up the guardians into something like a state of activity by proving to them that, to take an illustration, on account of the sickness and death of the parents of five children from fever, the cost to the union had already been £12, and at the lowest computation the maintenance of the children would involve a cost of £600, with the probability, in addition, of their remaining paupers for life. The end of it was that several guardians were appointed to visit Scotherne, and do what was necessary. They will have a somewhat laborious task before them, if there be no exaggeration in the published statements. It might be well for some one from the Privy Council to visit Scotherne, and point out what is necessary to be done.

THE COTTAGE HOSPITAL AT VENTNOR.

WE are very glad to learn that the first pair of buildings of the above excellent institution will be open for the reception of patients on the 28th of October next. As the expenses of maintenance, housekeeping, &c., will now be incurred, we hope the Committee will increase the number of their annual subscribers sufficiently to enable them to utilise their hospital to the utmost.

ECZEMA EPIZOOTICA.

ECZEMA EPIZOOTICA—the "foot and mouth disease"—is still prevailing actively in many parts of the country, and in some it has declared itself with great virulence. Dr. Barclay, the medical officer of health for Chelsea, reports the appearance of the epizootic in numerous dairies within his district, and states that in many instances it had proved rapidly fatal. The infectiousness of the malady was unusual. Dr. Barclay congratulates his vestry on the effective mode in which the inspector of nuisances had co-operated with farmers in attempting to arrest the spread of the epizootic; and adds that especial attention had been paid to the removal of the diseased cattle, so as to prevent their being killed in the parish or sold for human food. Not a pound of diseased meat, he says, has been sold in the neighbourhood. We are not informed to what localities out of the parish the diseased animals were removed, or in what manner they could be so removed without contravention of the law; or what particular markets were most liable to be supplied with the diseased meat from which the Chelsea health officials think they have so happily saved their own particular district.

THE NAVAL MEDICAL DEPARTMENT.

WE are informed that it is the intention of the Admiralty to hold a medical examination for the entry of naval cadets and navigating cadets at Somerset House for the future, a board being summoned by the Director-General for the purpose. This is probably only a step towards the whole of the admissions to the service being decided by a medical board, instead of a single medical officer as at present.

THE WILLIAM CARR EXHIBITION OF THE MEDICAL BENEVOLENT COLLEGE.

THIS exhibition, value £50 a year, and tenable for four years, has been awarded by the Council of the Epsom College to Mr. Theophilus G. Vawdrey, a foundation scholar, of St. Austell, Cornwall, who took a first class at the recent matriculation examination of the University of London. Combined with this exhibition is a free medical scholarship, the gift of University College, London. Previous to leaving Epsom, Mr. Vawdrey took a classical prize and the first prize in English.

CROYDON GENERAL HOSPITAL.

THIS hospital has been open since August, 1867, and up to June last had treated 169 in-patients and 1200 out-patients, in addition to 232 dental cases. The income of the past year had been £700, the expenditure £750. The number of beds is 14, the cost per bed being £43 6s. 7d. The hospital staff consists of Drs. Roper, Adams, Lanchester, and Mr. Johnson; with Messrs. Rymer and Steele, surgeon-dentists.

A COMMITTEE, consisting of Mr. G. O. Trevelyan, M.P., Civil Lord of the Admiralty, Lord John Hay, M.P., Mr. Arthur Jones, and Mr. Loveless, have been engaged during the past week at Greenwich Hospital, in arranging the pensions, and preparing for the departure of the inmates under the provision of the Act that has recently become law. All pensioners not absolutely bedridden have, as we understand, accepted the out-door allowances, and it is probable that at the end of the current month the hospital proper and the infirmary will be absolutely empty, and the helpless patients who remain will be accommodated in the Somerset ward. It is presumed that, if these conditions are fulfilled, the infirmary will be offered by the Admiralty to the Seamen's Hospital Society, according to a suggestion made by Mr. Trevelyan when the Bill was in progress.

A DEATH from the administration of chloroform took place at the North Staffordshire Infirmary on Saturday last. Prior to performing an important operation, Dr. Ross, the house-physician, administered to the patient from 15 to 20 drops of chloroform on a piece of lint, and the inhalation had gone on for three or four minutes, when the pulse suddenly stopped. The evidence at the inquest proved that all possible precautions had been taken, and a verdict exonerating the medical men from blame was accordingly returned. Post-mortem examination disclosed the presence of pus on the surface of the brain, and also a slight enlargement of the heart.

DURING the year 1868 a total of 24,889 persons died in the city of New York, out of a population, according to the census of 1865, amounting to 726,386 individuals. Of these deaths, 24 occurred from small-pox, 200 from measles, 861 from scarlatina, 276 from diphtheria, 342 from croup, 217 from whooping-cough, 139 from typhus, 326 from typhoid, 9 from cholera, 1834 from cholera infantum, 1995 from cholera morbus and other diarrhœal diseases, 1 from yellow fever, 1231 from other zymotic diseases, and 877 by accident or negligence. These statistics represent a death-rate of 34·26 per 1000 of population.

THE distribution of prizes to the successful students at the Queen's Hospital, Birmingham, will take place in the lecture theatre on Friday, the 8th October, at 3 o'clock P.M. The opening address will be delivered by Mr. Sampson Gamgee.

AT the Congress of Italian Naturalists, held lately in Catania, Professor Zurno, of Naples, proposed a reform of the chemical nomenclature of organic bodies; and a commission of Italian chemists was appointed with instructions to present the new system of nomenclature at the next meeting of the Congress in 1870.

AT an inquest lately held relative to a death occurring in the Kidderminster Infirmary, Dr. Rose stated that the appearance, during the progress of the case, of symptoms of pyæmia and diphtheria, was partly attributable to the crowded state of the institution, and the deficiency of cubic space in the wards.

THE memorial stone of a fever hospital, to cost about £11,000, was laid at Bradford last week. Mr. Titus Salt gave £5000 towards the cost, and has promised to give an endowment of £50 a year; and Mr. A. Harris, a contributor of £3800, laid the stone.

THE Director-General of the Naval Medical Department has completed his tour of inspection of the naval establishments at the out-ports, and has returned to town.

THE mortality from scarlatina continues to increase in London. The deaths from that cause in the last ten weeks have amounted altogether to 1163; of these 83 occurred in the western, 220 in the northern, 171 in the central, 411 in the eastern, and 278 in the southern, groups of districts. Thirty-eight deaths were recorded last week from measles, as compared with 19, 20, and 21 in the three preceding weeks.

THE deaths of 2244 persons were registered during the month of August in the eight principal towns of Scotland. This number is 189 above the ten years' average for the month, after allowing for increase of population. Scarlatina was very prevalent in Dundee, Perth, Greenock, and Leith.

THE Poor-law Commissioners in Ireland have issued a circular calling attention to certain irregularities which had occurred in the dispensing of medical relief, and stating that, except in cases of urgency, no relief should be given without the production of a ticket obtained from a party duly authorised for that purpose.

DR. CONSTANTINE HOLMAN, of Reigate, Surrey, has been appointed by the Lord Chancellor one of the Justices of the Peace for the borough.

Correspondence.

"Audi alteram partem."

NOTE ON AMPUTATIONS IN HOSPITALS.

To the Editor of THE LANCET.

SIR,—It was not my intention to have taken any further part, for the present, in the discussion respecting the death-rates after certain amputations in hospitals; but I cannot allow the statements recently made by Sir James Simpson to pass unnoticed.*

He has advanced the proposition that "the aggregation or isolation of patients regulates, in a marked degree, the results of operations &c. upon them."

"Already," he says, "I have published the details of above 2000 cases in private country practice, and above 2000 cases in the practice of our large and metropolitan hospitals. Nearly 3000 cases which have been reported to me from provincial hospitals—large and small—require to be reduced; but as yet this cannot be fully effected, as the collection is not yet completed. The general outline, however, of the whole inquiry may, as it at present stands, be shown in this table:—

Size of Hospital, &c.	Death-rate.
In hospitals from 300 beds to 600 ...	1 in 2½ die.
In hospitals from 100 beds to 300 ...	1 in 4 „
In hospitals from 25 beds to 100 ...	1 in 5½ „
In cottage hospitals under 25 beds ...	1 in 7 „
In isolated rooms in country practice	1 in 9 „

"These few figures teach a lesson of vast import in relation to hospital hygiene; and yet they seem to discourse so plainly as to require no comment."

The lesson which these figures teach me, and will, I believe, teach others, is this—that no reliance can be placed upon them; in other words, that they do not correctly represent the actual state of the case.

By the kindness of the medical officers, I have collected the most recent results of amputations at the thigh, leg, arm, and forearm from various country hospitals in England; and I have 2512 of these cases tabulated and reduced. The returns are entirely at variance with those quoted above, as is shown in this table:—

TABLE *showing the results of amputations at the thigh, leg, arm, and forearm in country hospitals in England.*

	Death-rate.
In hospitals from 150 beds to 270 ...	1 in 5·2 die.
In hospitals from 100 beds to 150 ...	1 in 5·3 „
In hospitals from 50 beds to 100 ...	1 in 6·1 „
In hospitals from 20 beds to 50 ...	1 in 6·6 „
In hospitals from 6 beds to 20 ...	1 in 4·4 „
In hospitals from 100 beds to 270 ...	1 in 5·3 „
In hospitals from 6 beds to 100 ...	1 in 5·7 „

I do not think anything of conclusions based upon figures which are of doubtful accuracy. I join issue at the root of the matter—with the reckonings, namely, on which Sir James Simpson's calculations are based; and I shall take an early opportunity for drawing the attention of the profession to the results of the independent inquiry which I have instituted.

In the communication by Sir James Simpson already referred to, the death-rate of the hospitals at Bristol, Norwich, Leeds, Aberdeen, &c., is said to be 1 in 4. Of the Scotch hospital I have no knowledge. Of the three English hospitals, the death-rate is 1 in 4·4; but the fact should not be concealed that, in the largest and oldest of the three, the death-rate is only 1 in 7. Canterbury, Shrewsbury, and Truro are very incorrectly introduced as examples of "still smaller hospitals." Shrewsbury has the same number of beds (140) as Leeds, and Canterbury nearly as many—namely, 120; and in these—I call them *large*—provincial hospitals, the death-rate after the amputations in question is 1 in 8·5—not merely "less than 1 in 5 or 6 operated on." But in one of these hospitals the death-rate is 1 in 4·6; in a second it is 1 in 11; so greatly do the results vary.

Everyone will agree with me that figure-facts should always be stated fully and correctly; no facts are so readily misinterpreted.

I am, Sir, your obedient servant,

GEORGE W. CALLENDER,

August 30th, 1869. Assistant-Surgeon to St. Bartholomew's Hospital.

* THE LANCET, Aug. 28th, 1869.

THE TREATMENT OF THE INSANE OF THE UPPER CLASSES IN PRIVATE DWELLINGS.

To the Editor of THE LANCET.

SIR,—A solicitor asked my advice the other day as to where he should place a lady of unsound mind, the wife of a client in India. I suggested an advertisement in THE LANCET, which accordingly appeared on the 4th instant. The letters were to be sent to me to select from. He had only an allowance of £200 a year to deal with, and he offered £170 for board, lodging, and medical treatment. I have already (Sept. 8th) received eighty-nine replies, the large majority from medical men in good position, whose names alone are a reference of character and fitness, and with any one of whom the patient might with every confidence be placed.

The improved treatment of the chronic insane lies in this direction—in removing them, when possible, from the weary imprisonment of asylum surroundings, and in placing them amid the healthier influences of home life. "Many chronic insane," writes Dr. Maudsley, "incurable and harmless, will then be allowed to spend the remaining days of their sorrowful pilgrimage in private families, having the comforts of family life, and the priceless blessing of the utmost freedom that is compatible with their proper care."

My experience of one advertisement in THE LANCET shows how ample the supply of such accommodation is. From north, south, east, and west came the replies. Moreover, the sum offered was small, only £170. Now, £300 a year is not considered a high payment in one of the best private licensed houses. I would not waste your space in contrasting the relative happiness for the patient under the two systems of treatment. I have known £600 a year to be paid for a chronic patient in a private asylum. For such patients also really magnificent accommodation can be had as single patients in the private houses of medical men. I know one medical man in this county who offers such accommodation for less than £600 a year.

I commend this whole subject to the consideration of the general physicians and practitioners, with whom the advising of relatives and friends in the placing of the chronic insane usually rests.

I am, Sir, your obedient servant,

C. LOCKHART ROBERTSON, M.D.

Hayward's Heath, September 9th, 1869.

ANTISEPTIC SURGERY.

To the Editor of THE LANCET.

SIR,—Permit me, in answer to Professor Lister's note in your impression of to-day, to state,—

1st, That I have been often in his wards, and have seen many cases treated by him with carbolic acid.

2nd, That in the trial of it which I caused to be made in the wards under my own care, the cases were dressed by pupils of Mr. Lister, who had been trained by himself, and who had faith in his plan.

I am not ashamed to state my belief to be that carbolic acid is inferior to several other disinfectants and antiseptics; and that the practice now advocated in severe surgical cases is a return to the dark days of surgery.

The sneer implied in Mr. Lister's quotation from my letter does not require further notice.

I am, Sir, your obedient servant,

Athole-place, Glasgow, Sept. 4th, 1869. JAMES MORTON, M.D.

To the Editor of THE LANCET.

SIR,—In your impression of the 28th ult., Dr. Morton, of this city, gives expression in an unequivocal manner to sentiments entertained, I believe, by the bulk of the profession in Glasgow, regarding this, the latest toy of medical science, so-called.

On all hands I have heard but one expression of opinion as to Mr. Nunneley's address, that being that it was characterised by a comprehensive grasp of his subject, a fair statement of his propositions, and withal a sturdy eloquence and correct logic. It is all very fine to cry out "misapprehension of published views," &c.; but if Mr. Nunneley has misapprehended, I wonder exceedingly who *has* apprehended the intricacies of this surgical arcanum.

There is nothing more obstructive to scientific inquiry and progress than reasoning from false premises, and confounding coincidences with necessary consequences; and there is no science or art which has suffered more, or is suffering more, in this respect than that of medicine. This may be illustrated, as Dr. Morton justly puts it, in the "unrivalled success of Dr. Thomas Keith in ovariotomy." We can fancy how jubilant Mr. Lister and his satellites might feel if Dr. Keith had been in the habit of "imbruing his surgical fingers" in the learned Professor's oil, and making his extensive incision beneath the antiseptic screen. By what power does Dr. Keith succeed in excluding the wonderful sporules?

A distinguished physician of this city related to the Medico-Chirurgical Society his wonderful success in the treatment of typhoid fever, by the exhibition, if I remember well, of one drop of carbolic acid night and morning. This happened within twelve months ago. Learned medicals gaped in astonishment, vowed there was an occult power in carbolic, that typhoid fever was due to sporules, that carbolic killed them, and that we were on the confines of the greatest discovery of modern medicine. We have heard nothing of carbolic in typhoid fever since!

Sarracenia purpurea, not long ago, played such fantastic tricks with "facts" and "observation" as bromide of potassium has been doing in later times. Small-pox was cured in an incredibly short space of time; pitting there was none. Sarracenia purpurea is defunct! The hyposulphites have had their day. Pancreatic emulsion has passed the zenith of its glory—corroborated, as its good effects are, like everything else, by thousands, and the folly of the million emblazoned in an octavo volume. The phosphates are finding their own level; and, in the general chaos, I doubt not, a revulsion must certainly set in to the good old "friends we have, and their adoption tried."

Sir John Lubbock finds in infant life analogies to the intellectual condition of now existing savages, and he infers to prehistoric man. When a child is presented with a toy,—for instance a tin rattle—he lays it under such an amount of exercise as to terminate in a "physical degradation" of the instrument. Is it an extreme drawing of an inference to conclude that it is the primitive minds of the profession who make such a hubbub of every new toy, medical or surgical, that now and then crops up for their delectation? There is a professional criminality, I contend, in putting forward, on such a flimsy foundation, such specious doctrines as the carbolic acid theory. Fostered by the morbid *penchant* of the age for novelty, there cannot fail to be reflected on those who lend countenance to the new dodges a passing *éclat*. When a medical man produces deliberately "a retort stand and evaporating dish, with flexible tube, and gas jet, during the progress of a virulent case of diphtheria," to kill the unseen entities of disease, can we wonder at the patient and friends feeling awestruck at the necromancy of modern science! "A deity! A present deity!" they cry. While all this is being enacted, the shrewd and justifiably sceptical practitioner shrugs his shoulders in doubt, in the face of the thousand and one panaceas that figure on the page of medical literature.

It is but recently, with a pompous flourish of trumpets, that that innocent article of the materia medica, sulphur, amid the general clangour of spray-producers, &c., emanated on a disease-exterminating mission from Biggar and Kirkcaldy. An infatuated public demanded a thirteenth edition of the grossest rhodomontade conceived by the mind of man, in the shape of a pamphlet by Robert Pairman, surgeon, Biggar. Cures flashed like lightning from the humble cottage, the manse of the sage divine, and the baronial hall. Human suffering and death fled howling before an offensive smell. Every home contained its quota of sulphur, and every matron toyed more with her spray-producer than with her feeding-bottle. Medical men applauded, and swelled the insane chorus. Time wore on. Marvels died away. The "sulphur cure" became known only in story. The bills of mortality were as obese as before; people suffered, people died.

It is no discredit, I contend, to the carbolic mania, to assert that we find its prototype in the above. Like it, a plausible theory, based upon false premises, and bolstered up by coincidences.

Medical men cannot be too cautious in mounting hobbies, or in being led away by the seductive influences of discovery. Than these panaceas, when the still calm which succeeds the storm arrives, there is nothing more calculated to shake the faith of the public in our art, nothing more opposed to the true progress of scientific medicine or surgery.

I am, Sir, your obedient servant,

Glasgow, August 25th, 1869. D. CAMPBELL BLACK, M.D.

*** The insertion of Dr. Black's letter has been unavoidably delayed.

THE EDINBURGH UNIVERSITY AND FEMALE MEDICAL STUDENTS.

To the Editor of THE LANCET.

SIR,—Pray allow me publicly to back up the views of "Scoparius," and others who have written lately to your

journal, on the admission of ladies to medical classes in the University of Edinburgh. The Graduates in Medicine of that University might have had an opportunity given them by their Alma Mater of expressing an opinion on the proceeding. The first intimation of such a proposal as the Senatus seems to contemplate, came to me through the medium of your pages. The feelings it originated within me were—firstly, one of surprise that a profession should be courted by women (happily, only by a few) which, in the majority of its relations and bearings, must tend oftentimes to place them in indelicate positions, both as regards their patients and themselves; and, secondly, one of pain that my University should, after the refusal of London and other schools, be persuaded to accede to the proposal.

When will woman cease to emulate the stronger mind and more powerful organisation of man? Many and noble are the tasks allotted to her in this life; but can any unimpassioned thinker bring himself to believe that the career of a medical man is one of them? Can he bring himself to believe that the comparatively delicate frame, and refined mind, usually attributed to woman, were ever meant to contend in a course of studies which often try to the utmost every sense we possess? And if the studies be passed, can he imagine her to excel in a profession which imperatively demands such qualities as energy, promptitude of decision, courage, and power to sustain protracted fatigue?

Moreover, I cannot but think that many will agree with me when I say, that amongst those of womankind whom I have heard refer to the subject, rarely have I met with those who speak in favour of there being "lady doctors." I allow that in obstetric practice, so far as a natural labour is concerned, woman's services are not only quite sufficient, but perhaps most appropriate; but surely, as your correspondent has remarked, a licence for this portion of our profession can be obtained by a suitable attendance at any lying-in hospital.

I am no alarmist, and least of all fear any rivalry in our profession from the opposite sex, but I do think that the University of Edinburgh will take a foolish step if it throws open its medical classes, or even portions of them, to would-be lady doctors. I can only trust that, should the matter in question require the sanction of the General Medical Council before it can pass into effect, that body will view the proposal of the Senatus in a somewhat different light.

I hope, in conclusion, that all such graduates of the Edinburgh University as are anxious to see maintained the old *prestige* of their school, will stir in this matter.

Apologising for trespassing to such a length on your space, and enclosing my card,

I am, Sir, your obedient servant,

F. G.

THE ADDRESS TO MR. SYME.

PROFESSOR SYME has forwarded the following reply to the Address of the Border Medical Association:—

1, Shandwick-place, Edinburgh, Aug. 30th, 1869.

MY DEAR DR. TURNBULL,—I have received with more pleasure than it would be easy to express the kind expression of regard from so many of my respected brethren which you have had the goodness to transmit. Nothing could be more gratifying to me, and I beg that you will express to the members of your Association my best and most sincere thanks.

Yours very truly,

Dr. Turnbull. (Signed) JAMES SYME.

EDINBURGH.

(FROM OUR OWN CORRESPONDENT.)

THE site of the new Infirmary may be said to be now definitely settled. The Governors of Watson's Hospital are members of the Merchants' Company, and, after a meeting with representatives of the Infirmary management, recommended the Merchants' Company to dispose of the site of Watson's Hospital, and the building itself, to the Infirmary for £43,000. A general meeting of the Company was held today, when the recommendation of the Hospital Governors was adopted at a full meeting by a majority of six. This is the second time the site of Watson's Hospital has been sold to the Infirmary.

Edinburgh, Sept. 9th, 1869.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

THE DISCUSSION ON ANIMAL VACCINATION AT THE ACADEMY OF MEDICINE.

THE discussion on Animal Vaccination at the Academy of Medicine, which had at first been restricted between MM. Jules Guérin and Depaul, has taken a wide extension, and is now the subject of those interminable discourses which characterise the debates of our Gallic neighbours. Instead of coming up with a few short, sensible, and practical remarks, exclusively to the point, and summing up the result of their views and experience, French debaters must needs expatiate for hours upon a subject, take up the question *ab ovo*, relate the opinions of Hippocrates, Galen, and others, show off their oratorical skill and ability, sprinkle their harangue with telling phrases and witty remarks, and vigorously assail their adversaries. What is expected from them, and what they aim at attaining, is not the scientific and practical elucidation of a question, but an exhibition of talk and oratorical power, in the development of which the debaters and the listeners seem to take equal delight. Occasionally, however, the listeners have the worst of it. The result is, that whenever a question of great importance is taken up for discussion at the Academy, whatever of value and interest turns up in connexion therewith must be patiently sought for amid the lengthy harangues which are delivered on the occasion, and with which the French medical journals, like so many *moutons de Panurge*, fill up their columns. One would say that the French debaters have plenty of time to spare, and the French journals abundance of unoccupied space to fill up.

Of course, these remarks are quite general, and are marked by some exceptions as far as the orators are concerned; but, alas! how few these exceptions! You doubtless remember what a deluge of fine talk and speechifying there was at the Academy at the time of the discussion on Villemin's experiments on tuberculosis. What a waste of time and paper and printer's ink that debate entailed! I dare say I should not be far from the truth in reckoning that several hundred columns were devoted in the local journals to the reproduction *in extenso* of the Academical debates. Perhaps there will be less display of oratory in connexion with the question now under discussion. *Mais cela marche bien*, as they say here. M. Jules Guérin having given three long speeches on the subject, which occupied as many sittings of the Academy, M. Depaul, who had been freely handled by his adversary, would not be behindhand with him, and was determined to speak quite as many times, and at just as great length. So he did, of course. Other orators have followed in the wake. Replies from the preceding debaters must be expected, and so on.

It would be practically impossible for me to follow each orator in his excursion through the question. Perhaps when the whole business is over, I may be able to sum up the debates for the benefit of my readers,—at least I will attempt to do so. I wish, however, whilst awaiting the time, just to mention what is the present state of the question. Three points have formed the chief of the discussion, and have given rise to some difference of opinion—namely, the degeneration or non-degeneration of human vaccine, the existence of vaccinal syphilis, and the value of animal vaccination. With regard to the first of these questions, the majority of the orators have expressed themselves in favour of non-degeneration. Neither M. Ricord, nor M. Jules Guérin nor M. Bousquet considers the human vaccine, first developed by Jenner, as having lost its active preservative qualities. They consider those who believe in degeneration as having "allowed themselves to be misled by certain appearances." The facts which these pessimists invoke may be explained satisfactorily. According to M. Hérard, they may be accounted for by the necessarily limited preservative virtue of vaccine (which requires to be refreshed by re-vaccinations) as well as by certain changes which have

supervened in the course of variola. According to M. Vernois, the same facts may be explained by a sort of neutralisation of the vaccinal virus, owing to the predevelopment of certain diseases in vaccinated subjects, which alter the quantity or quality of the blood; whilst with M. Ricord they depend upon peculiar conditions of the stratum upon which the virus is deposited. These objections will doubtless be combated by the upholders of the degeneration doctrine.

The question of vaccinal syphilis has been discussed with still greater warmth and interest. Here M. Jules Guérin alone has denied the existence of vaccinal syphilis, and attempted to explain away the facts which have been observed until now, whether in France or elsewhere. All the other orators recognise the possibility of syphilis being transmitted by vaccination, though some among them, such as MM. Bouchardat, Ricord, Hérard, Marotte, and Bousquet consider the occurrence of such a fact as quite a rarity and an accident, and believe that the greater number of alleged cases of vaccinal syphilis are manifestations of quite different diseases. On the other hand, it may be said that M. Depaul has considerably exaggerated the prevalence and the danger of such a contamination.

One incident in connexion with this part of the discussion deserves to be noticed. M. Hérard, whose view is supported by M. Roger, expressed the opinion that inoculated syphilis was most benign and easily curable in children: only congenital syphilis was deadly. Even admitting, therefore, the existence of vaccinal syphilis, its occurence might be rendered very rare by the adoption of proper measures of precaution; and when, in spite of these precautions, it did occur, it was easy of cure. This, however, M. Ricord stoutly denied, and, basing his opinion upon facts in his own practice, he declared that true vaccinal syphilis was quite as serious and perilous as the congenital taint. Another point of interest was the statement by M. Vernois that contamination may be prevented by avoiding to take up any blood with the vaccinal lymph whilst performing vaccination. M. Ricord, amongst others, replied that one could never ensure not taking up some globules of blood with the vaccinal lymph. Fortunately, M. Ricord considers vaccinal syphilis as of extremely rare occurrence.

With regard to the third question, I may just mention that, with the exception of M. Jules Guérin, who believes that animal vaccination is useless and may be hurtful, and of M. Bousquet, who is somewhat lukewarm in respect to this proceeding, all the orators have recognised the utility of animal vaccination and the advisability of experimenting with both kinds of vaccine comparatively, and in a scientific manner.

On the whole, three points seem destined to be well established and brought into light by this discussion:—1. The necessity of performing revaccination after a certain period of time. 2. The obvious existence of vaccinal syphilis, and the necessity of guarding against its occurrence; its lesser frequency, however, than has been stated by some, and the necessity of carefully scrutinising alleged cases of contamination. 3. The harmlessness—nay, the utility—of animal vaccine and the necessity of employing it, at least occasionally, if not altogether in lieu of human vaccine.

AN ANTIDOTE TO NICOTINE.

A bit of news which will be welcome to hygienists and smokers! M. Armand, a French *savant*, has stated to the Academy of Sciences that he has discovered a sure antidote to nicotine. Success has thus crowned the efforts which he has been making for the last few years. The antidote is nothing else than common watercress. It destroys the poisonous effects of nicotine, and yet does not alter the aroma of tobacco. A solution of watercress may, therefore, be employed for steeping the leaves of tobacco, and would thus effectually divest them of their noxious properties; moreover, a draught of the same will act as a sure antidote to nicotine.

Paris, Sept. 14th, 1869.

A COMPANY has been formed for providing what seems to be greatly needed in Jersey—namely, a plentiful and pure supply of water for St. Helier's, where, at present, a quantity barely sufficing for urgent uses is obtained from wells. The Company proposes to gather and store in suitable reservoirs the rainfall upon a large area.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 2nd and 9th of September:—

Clarke, Thomas Edward, Kirkby Lonsdale.
Gibbings, Alfred Thomas, Chichester.
Kite, John Alfred, Dover.
McClosky, James Hugh, Labuan, Borneo.
Smith, Herbert Alder, Hatton-garden.
Sutcliffe, Arthur Edwin, Manchester.
Williams, Josiah, Newport, Monmouthshire.

The following gentlemen also on the same days passed their first professional examination:—

Walter Campbell Blaker, Richard Galpin, and Frederick Aubin Monks, Guy's Hospital; William James Palmer and James Swindells Sherratt, University College; Charles Benjamin Wilks, St. Bartholomew's Hospital; Charles Oakes, Dublin School of Medicine.

INDIAN MEDICAL SERVICE.—The following is a list of candidates who were successful at the competitive examination at Chelsea in February last, and who have undergone a course of instruction at the Army Medical School, together with the total number of marks obtained at the examinations at Chelsea and at Netley:—

	Studied at	No. of Marks.*
†C. W. Calthrop ...	London	5753
A. Wood ...	Aberdeen	5069
R. C. Sanders ...	London	5055
E. Sanders ...	"	5015
B. Franklin ...	"	4895
F. P. Edis ...	"	4888
R. T. Wright ...	Edinburgh and London ...	4886
G. M'B. Davis ...	Ireland	4836
K. P. Gupta ...	Edinburgh	4853
J. A. Howell ...	London	4801
H. J. Linton ...	Edinburgh and London ...	4255
C. T. Peters ...	Edinburgh	4177
H. P. Roberts ...	"	4138
E. Colson ...	London	4070
C. W. MacRury ...	Edinburgh	4025
M. E. Murphy ...	Ireland and Edinburgh ...	4021
W. Price ...	Ireland	3938
S. M. Tyrrell ...	Edinburgh	3921
W. H. Boalth ...	London and Glasgow ...	3863
J. Backhouse ...	Ireland	3703

* Maximum 6900. † Obtained the Herbert Prize.

THE PRUDHOE CONVALESCENT HOME.—On Tuesday afternoon, the Prudhoe Memorial Convalescent Home was opened at Whitley, near North Shields. This fine building has cost about £20,000, and is situate upon a fine position, commanding a view of the north-eastern coast. The structure is arranged after the pavilion plan, which has prevailed in Germany and France so many years, and which Miss Florence Nightingale and the Crimean Commissioners have so strongly recommended. It consists of a central block, containing what is generally called the administration department, while from a corridor running at right angles with this various rooms project both at the back and front, which leave open spaces between them for air and sunshine. The exterior of the building is very imposing. The home has been erected by public subscription as a memorial of Algernon, the fourth Duke of Northumberland, whose munificence towards charitable and educational objects in Northumberland and Newcastle, and his general kindly and genial disposition, are remembered with great affection by the population. Tuesday was a wet, cold, and stormy day on the coast of Northumberland; but, notwithstanding the ungenial state of the weather, there was a large and fashionable attendance of the leading families in the district. The chair was occupied by Mr. C. W. Orde, the chairman of Quarter Sessions; and the Home was declared open by Eleanor, Dowager Duchess of Northumberland. Her Grace, while assisting in completing this tribute to her husband's memory, was much affected. The speakers were the Duke of Northumberland, Earl Percy, Sir W. J. Armstrong, Sir Walter Riddell, the Right Hon. T. E Headlam, the Mayor of Newcastle, Archdeacon Bland, the Under-sheriff of Northumberland, and Dr. Bruce. The proceedings concluded with a luncheon.—*The Times.*

THE Lincoln Local Board has unanimously decided to offer the reward of a guinea to any person giving such information as shall lead to the detection of parties offering or exposing diseased meat, bad fruit, &c., for sale.

IRISH DISPENSARIES.—Dr. Rogers, President of the English Poor-law Medical Officers' Association, has been on a visit to Ireland for the purpose of inspecting the working of the dispensary system in this country. Having devoted a great deal of attention to the subject of the improvement of the medical department in connexion with the Poor-law system in England and Wales, he may be considered to be an authority on that subject. We are informed that he has expressed himself as having been most favourably impressed with the efficiency of the dispensary system, not only with regard to its beneficial effects on the health of the poor, but also in its economic results, which are very apparent in comparing the Poor-law expenditure for England and Ireland. He speaks also in high terms of the cleanliness, order, and regularity of the various workhouses which he has visited. —*Saunder's News Letter.*

PROFESSOR BILLROTH AND THE MEDICAL PRESS.—Dr. Kraus, the editor of the *Vienna Medical Gazette*, has been fined £8, or twenty days' imprisonment, with costs, for having stated, on erroneous information, that the professor, in a fatal case of ovariotomy, had left a sponge in the patient's abdomen. It was proved that the professor had not operated at all, and the editor offered ample apologies. Now most of the papers condemn Billroth, and find fault with him for bringing the action; but we are inclined to view the matter differently. Apologies were perhaps sufficient, but they would hardly have atoned for the mischief done to Billroth's reputation. We think, though heartily sympathising with the editor, that even supposing Billroth had operated, and left the sponge, Dr. Kraus should have been in no hurry to blazon the fact to the world. Quackery, undue boasting, unkindness, or unfairness to professional brethren, wilful malice, abuse of power, culpable neglect,—such are the themes on which a medical journal may properly dilate; but the editor can, without dereliction of duty, leave unnoticed matters of mere accident. It is plain that in Billroth's case there may have been some animus on the part of the *Vienna Gazette*.

THE MEDICAL MEN OF ROME AND THE POPE.—It should not be forgotten that the medical men of the eternal city are threatened with severe penalties in case they do not urge their patients to undergo the ordeal of confession. When the sick refuse the latter, though reminded three several times, the medical attendant is to cease his visits. Nay, the dispensing chemist must not continue to furnish medicines in the course of a long illness, except he be shown the certificate of confession. Accoucheurs and midwives are strongly reminded of immediate baptism in case of need, to be performed, if possible, by a priest.

COURT OF BANKRUPTCY, SEPT. 14TH: IN RE PATTISON.—On Tuesday there was a sitting for the proof of debts and choice of creditors' assignees under the bankruptcy, upon his own petition, of John Pattison, described as "of South Lodge, Hendon, Middlesex, and renting also furnished apartments at No. 24, Welbeck-street, Cavendish-square; also at No. 10, Cavendish-place, St. John's-wood, medical practitioner." The total amount of the bankrupt's debts is stated to be £4861 14*s.* 9*d.*, and his creditors chiefly reside at the West-end of London. Messrs. Seale and Co., of Leicester-square, are returned as creditors for £1290, holding a policy on bankrupt's life for £2000. The bankrupt stated the cause of his bankruptcy as follows:—"Moneys from June to October paid Messrs Seale and Co., money-lenders. Pressure of creditors and loss of practice." Mr. Collingridge, proprietor of the *City Press*, a creditor for £150, was chosen assignee, and the 23rd of November next fixed for the examination and discharge sitting.

MEDICAL AND SCIENTIFIC MEETINGS.—The following meetings, some of which have already been held, form the list for this season:—Medical Belgian Federation, British Medical Association, Meeting of Russian Naturalists in Moscow, Statistical Congress at the Hague, British Association for the Advancement of Science, Meeting of Medical Men and Naturalists at Innspruck, Medical International Congress at Florence, International Pharmaceutical Meeting of Vienna, and Medico-Pharmaceutical Meeting in Spain. We transcribe this list from the *Gazette Méd. de Paris*. One meeting, however, was forgotten—viz., the Social Science meeting in this country.

MEDICO-CHIRURGICAL SOCIETY OF GLASGOW.—At the meeting of this Society held on Friday, September 3rd, in the Hall of the Faculty of Physicians and Surgeons, the following gentlemen were elected office-bearers for the present session—viz., President: Dr. J. G. Fleming. Vice-Presidents: Drs. E. Watson and Steven. Council: Dr. G. H. B. Macleod, Dr. A. R. Simpson, Dr. Richmond (Paisley), Dr. F. Thomson, Mr. Torrance (Airdrie), Dr. H. Thomson, Dr. James Gray, Mr. Robert Grieve. Secretaries: Dr. James Adams, and Dr. R. Perry. Treasurer: Dr. H. R. Howatt.

PECULIAR TREATMENT OF OVARIAN DROPSY.—Dr. Bezencenet mentioned, at a meeting of the Vaudian Medical Society (as stated in *L'Union Médicale* of the 24th of August, 1869), the case of a woman suffering from ovarian dropsy, who had been tapped several times. In a drunken fit, her husband kicked her, and ruptured the cyst. Slight peritonitis followed, the liquid was soon absorbed, and the tumour disappeared.

THE SEWAGE DIFFICULTY IN SYDNEY, N.S.W.—The *Times'* correspondent in New South Wales, writing about the sewerage of Sydney, gives what might almost be taken for an excerpt from the history of our own metropolitan drainage experience. The Corporation of the antipodean city, having at great expense conducted its sewage into the harbour, are now beginning to be reminded by "fearful stenches" and the gradual deposit of the mud in the harbour, that the sewage would be much better employed in fertilising the sandy, barren soil lying contiguous to the city.

Obituary.

FRANCIS W. GIBSON, M.D.

DR. GIBSON was a distinguished pupil of University College, and a Graduate, with honours, in Arts and Medicine at the University of London. He filled for some years the offices of house-surgeon to the Taunton and Somerset Hospital, and of resident surgeon at the Broadmoor Criminal Lunatic Asylum. At the close of 1867 he was chosen senior resident medical officer of the St. Pancras Parochial Infirmary. Here, as elsewhere, he devoted his best energies to the welfare of the poor committed to his care, and was the means of effecting many improvements. His zeal in the reformation of abuses did not tend to increase his popularity; nevertheless he persevered in doing his duty, *per fas et nefas*, regardless of consequences to himself. By-and-by the impure atmosphere of the place began to tell on his constitution, and undermine his health. Then low fever supervened, and eventually symptoms of tubercular cachexia became manifest. Search was made in vain for the source of the sewage smells, but there they were, doing their usual work slowly, but surely. Dr. Gibson obtained a brief holiday, but hurried back to his post on hearing of the death of the matron, who was stated to have been herself poisoned by the contaminated air. He now became so weak and ill that his friends were alarmed for his life, and, under the advice of eminent physicians, he made preparations for an immediate voyage to Australia. The sailing of his ship was unfortunately delayed, but at last, having resigned his post at the Infirmary, he set off, under as comfortable circumstances as possible. But disease had gained the mastery, and he died on June 24th, hardly one week from his quitting the shores of England. The immediate decease was rather sudden and unexpected, following a fit of coughing. Thus perished, at the early age of thirty-three, a valuable public officer, and an honourable, conscientious, and talented member of the profession.

Medical Appointments.

BLANDFORD, J. W., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Southern Districts of the Durham Union, vice J. Carnes, M.R.C.S.E., deceased.

BRUCE, W., M.D., has been elected Secretary and Treasurer of the Dudley Medical Society for 1869-70.

CARTER, Mr. W. F., has been appointed Medical Officer and Public Vaccinator for the Bishops Lydeard District of the Taunton Union, vice E. E. Phillips, L.R.C.P.Ed., resigned.

CASSIDY, D. M'K., M.D., late Assistant Medical Officer to the Northern District Asylum, Inverness, has been appointed Assistant Medical Officer to the Criminal Lunatic Asylum, Broadmoor, Wokingham, vice W. G. Maddox, L.R.C.P.L., resigned.

CHAPS, J., M.D., has been appointed Pathologist and Curator of the Museum, Royal Infirmary, Glasgow, vice S. J. Moore, M.D., resigned.

CORRIE, Mr. J. D., has been elected President of the Buchan Medical Society for 1869-70.

COST, W. G., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the Blackburn No. 2 District of the Blackburn Union, vice W. Garstang, M.D., resigned

DOUGAN, W., M.B., C.M., Assistant Medical Officer at the Argyll District Asylum, Lochgilphead, has been appointed Medical Officer and Public Vaccinator for the Parish of Glassary, Argyllshire, vice Hugh Jackson, L.F.P. & S. Glas., deceased.

FAGGE, H. W., M.R.C.S., has been appointed Honorary Assistant-Surgeon to the 7th Leicestershire Rifle Volunteers.

FOTHERBY, H. I., M.D., has been appointed Assistant-Physician to the Metropolitan Free Hospital, Devonshire-square, vice P. H. P. Smith, M.D., resigned.

LONG, M., M.D., has been appointed Public Vaccinator for the Holy Trinity and St. Mark's Districts of the West Ham Union.

MILLER, W., M.B., has been appointed Physician to the Fever Hospital of the Londonderry Union, Surgeon to the Londonderry County Infirmary, and Surgeon to the Londonderry Gaol, vice T. H. Babington, M.D., deceased.

MORRISON, J. B., L.R.C.P., L.F.P. & S. Glas., L.S.A., has been appointed Surgeon to Messrs. Knight and Son's Soap and Candle Factory, Old Gravel-lane.

OSBURN, C., L.R.C.P.Ed., has been appointed House-Surgeon to the Rochdale Dispensary, vice E. Haughton, L.F.P. & S. Glas., resigned.

PEIX, T. P., F.R.C.S.E., has been appointed Assistant-Surgeon to St. George's Hospital, vice B. E. Brodhurst, F.R.C.S.E., F.L.S., resigned, on being appointed Orthopædic Surgeon.

RENSHAW, S., M.R.C.S.E., has been appointed Resident House-Surgeon to the Brighton and Hove Lying-in Institution, vice Colman, resigned.

WILLIAMS, O., L.K.Q.C.P.I., has been appointed Public Vaccinator for the Holyhead District of the Holyhead Union, vice J. R. Price, L.R.C.P.Ed., deceased.

WILLMOTT, Mr. W., has been appointed Dispenser at King's College Hospital, vice Mr. F. Blackburn, resigned.

WINSTONE, J. G., M.R.C.S.E., has been appointed Surgeon to the Northern District of the General Post Office, vice Wm. Jocelyn Bradford, M.B., deceased.

YOUNG, C., M.D., has been elected Medical Officer for the Yarm District of the Stockton Union, Durham, vice F. Dale, M.D., resigned.

Births, Marriages, and Deaths.

BIRTHS.

DENNISS.—On the 14th inst., at Brook-street, Grosvenor-square, the wife of Martin Brunjes, M.R.C.S.E., of a daughter.

DUNCAN.—On the 8th inst., at Gower House, Gower-street, the wife of D. Archdeckne Duncan, M.D., F.R.S.L., of a daughter.

DAVIES.—On the 37th ult., at Morriston, Swansea, the wife of Dr. J. Davies, of a daughter.

EDYE.—On the 28th ult., at Magdalen-street, Exeter, the wife of Stonard Edye, M.R.C.S.E., of a daughter.

EMBLING.—On the 1st of July, at Ballaarat, Victoria, Australia, the wife of W. Henry Embling, J.P., L.R.C.P.L., of a son.

HARRISON.—On the 7th inst., at Ambleside, the wife of Robert Harrison, Surgeon, of a daughter.

MILLAR.—On the 6th inst., at Albany-street, Edinburgh, the wife of John Millar, M.D., F.R.C.P. & S. Edin., of a son.

SHAPLAND.—On the 3rd inst., at Thornton-heath, Croydon, the wife of J. Dee Shapland, Surgeon, of a son.

MARRIAGES.

BANKS—BRIMLEY.—On the 31st ult., at the Parish Church, Neuchatel, Switzerland, P. H. Banks, Surgeon, of Risely, Beds, to Sarah Brimley, daughter of the late W. G. Brimley, Esq., of Bedford.

CARTWRIGHT—KING.—On the 8th inst., at Christ Church, Bootle, J. A. T. Cartwright, M.R.C.S.E., of Leintwardine, Hereford, eldest son of A. F. Cartwright, Solicitor, of Spalding, to Ellen, eldest daughter of W. King, jun., of Beechfield, Breeze-hill, Walton, near Liverpool.

GLOVER—MULLER.—On the 16th inst., at the Old Gravel-pit Chapel, Hackney, by the Rev. John Davies, of Brighton, and the Rev. Richard Glover, of Bristol, James Grey Glover, M.D., of 33, Compton-terrace, Islington, N., to Mary, daughter of William Muller, Esq., of Clapton, Middlesex.—No Cards.

DEATHS.

BURKE.—On the 31st ult., at Hermitage Villas, Richmond, Surrey, Juliana, the wife of Joseph Burke, Esq., Deputy Inspector-General of Hospitals.

CHRISTIE.—On the 7th inst., John Christie, M.D., F.R.C.S.Ed., of Union-street, Aberdeen, aged 51.

DEHANE.—On the 8th inst., suddenly, at Wolverhampton, Edward Francis Dehane, F.R.C.S.E., aged 68.

GIBSON.—On the 24th of June, on his voyage to Australia, for the benefit of his health, F. W. Gibson, M.D., late Senior Resident Medical Officer, of St. Pancras Workhouse Infirmary, aged 33.

GIRAUD.—On the 4th inst., at Faversham, Mary, widow of Frederick Francis Giraud, Surgeon, aged 58.

GREAVES.—On the 8th inst., at Stretford-road, Manchester, George Greaves, M.R.C.S., L.S.A., aged 63.

GROVES.—On the 4th inst., at Lincoln, Edward Keet, the son of Edward Groves, L.R.C.P., M.R.C.S., L.M., aged 3 weeks.

SPURGIN.—On the 1st inst., at Sidmouth Villa, New-road, Hammersmith, Emily Sidney Spurgin, aged 10 days.

Medical Diary of the Week.

Monday, Sept. 20.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, Sept. 21.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Wednesday, Sept. 22.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.

Thursday, Sept. 23.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Friday, Sept. 24.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, Sept. 25.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

SANITARY NEGLECT IN TRURO AND FALMOUTH.

THE *Builder* of last week contains a very serious indictment against the two Cornish towns, Truro and Falmouth, whose sanitary condition is, according to our contemporary, most deplorable. "The fearful, intensely wild, compressed essences of stinks" which the writer of the article encountered in the streets of these towns, originate in the horrible cesspools abounding close under the noses of the passers-by, as well as of the inmates of the houses; and the complaint of "a poor, wan, middle-aged woman," in reference to one of these abominations near her dwelling, was—"Ah! it's too bad; that there place stinks so, it do, one can hardly live here, and *it's no use to say nothing*." We have not space to refer at greater length to the revolting description of the cesspools, nor to the indifference shown by the authorities of one of the towns about the use of water from wells into which excreta and other offensive matter percolate. We can only recommend the *Builder's* notes on the subject to the attention of the medical officer of the Privy Council and his able inspectors, trusting that some means will be found to make the Truro and Falmouth authorities understand that it can no longer be tolerated that a conviction of "*it's no use to say nothing*" should be entertained by any sufferers from bad sanitary conditions anywhere in this country.

Mr. Thomas Slater.—We thought we had already given a sufficiently clear indication of our opinion of Mr. Slater's case. After his explanation, we acquit him of wishing to act unprofessionally. We adhere to our view of what he dislikes us to call the "circular." He should withdraw it, and raise his midwifery fee. His professional brethren, if not his College, it seems to us, are entitled to demand this. If he refuses, we cannot wonder that they should feel offended.

F.R.C.S.—Our correspondent must, we fear, wait until he has held his diploma as member for eight years, when he can proceed to the examination without further certificates.

E. S., (Mottram, Manchester.)—It shall be inserted next week, or as soon as possible afterwards.

A LEG SUPPORT.

To the Editor of THE LANCET.

SIR,—A similar leg support to that published by you in THE LANCET of this day, as the invention of Mr. Gillingham, was exhibited by me in the Exhibition of 1862, and has been applied with success to many patients of Mr. Paget and other distinguished surgeons, and can be seen at my address.

I am, Sir, yours respectfully,

Oxford-street, Sept. 4th, 1869. J. F. PAINE.

DISCREPANCY IN PRINT

MEDICAL BOTANISTS.

A CORRESPONDENT writes to us from Halstead, near Maldon, complaining of the way in which medical botanists pursue their calling, perfectly regardless of the new Medical Act, which alike fails to protect the public or the medical profession. Our correspondent details several instances in which he has been called upon to treat cases after they had been under the care of these people; and in one case he was called to a child the day before its death, and found it in a state of collapse. He refused to give a certificate of the cause of death. The coroner, however, saw no occasion for holding an inquest. It might be true, as the coroner alleged, that there was not the slightest ground for supposing that the death of the child was traceable to the effects of any dangerous ingredient unskilfully administered; but we do not see how he was to know this. The coroner, in replying to a letter from a surgeon on the subject, takes the opportunity of informing him that extraordinary cures have been effected where the faculty have failed, although, he adds, he is not himself attended by one of these non-professionals. Where such "cures" (?) were effected, we may quite concur with the coroner in thinking that the medicaments used were, if not of a very harmless, at least of a relatively harmless, nature; but we should be glad to know something of the more numerous class of cases that are not cured, and of the nature of the drugs employed in those that die. The Medical Act has egregiously failed in respect of any protection it has afforded against irregular practitioners.

Justitia.—The General Consolidated Order of the Poor-law Commissioners, dated the 24th of July, 1847, article 156, requires either the previous advertisement of the intention to make Poor-law appointments at least seven days before the appointment is to be made, or that notice that the question of making such appointment be given and entered on the minutes at one of the two ordinary meetings of the Board next preceding the meeting at which the appointment is made.

M.D. should apply to the authorities of the University of Gottingen.

CONSERVATIVE SURGERY.

To the Editor of THE LANCET.

SIR,—The case of "Wound into the Tarso-metatarsal Articulation," &c., recorded by Dr. Munro in your impression of the 21st August, is one of great interest to the profession generally, and I feel it to be peculiarly so to myself, inasmuch as about twelve years ago a similar case—only substituting the hand for the foot—occurred in my own practice. I thought of publishing the case at the time; but from various circumstances, and partly from reluctance to bring into notoriety a case which for aught I knew might not, after all, be an uncommon one; and although further consideration convinced me of the importance of it, yet I delayed publication. But the justly celebrated name of Sir W. Fergusson attached to Dr. Munro's case leads me to think that such cases are at least uncommon. Accordingly I forward you a brief report (from memory, and therefore I cannot give the exact dates), which perhaps you may think worthy of insertion in THE LANCET.

Early in the year 1857, I was sent for to see a boy, aged about seven years, who had met with an accident from a chaff-cutter. On arrival, I found an extensive wound extending the whole breadth of the back of the hand, completely dividing the extensor tendons and the carpal bones down to the flexor tendons and bloodvessels, which were uninjured. The hand dropped; and, as with Dr. Munro, my first idea was to complete the amputation, but a moment's reflection induced me to think it worth while to give the boy a chance of saving his hand. After carefully cleansing the wound, I brought the bony and soft parts into apposition as accurately as possible with several sutures, applied cold-water dressing, and put the arm and hand on a splint, placing a thick pad under the hand, so as to curve it somewhat backwards. Union for the most part took place by first intention, and the wound was perfectly healed within a fortnight. The use of the hand gradually returned, and now (twelve years after) the father's report, which I have obtained by letter with a view to publication, is as follows:—"My son's hand is nearly as straight as the other. He can work very well with it, only he cannot hold fast anything as well with it as the other, and it is wonderfully well to what I expected. I never thought it would be as well as it is."

These cases form a useful comment upon the advice of trusting a great deal to the resources of nature, especially in accidents occurring in young persons. Repair goes on with such wonderful rapidity, and so much is done in after life towards compensating for injuries, that we should always give the patient the chance of saving a portion of a limb, especially the hand, as even a finger and thumb is better than no hand at all.

I have seen several cases in which the extensor tendons of a finger have been cut through, and with accurate adjustment and perfect rest the use of the tendon has been restored.

I am, Sir, your obedient servant,
Cern Abbas, Sept. 10th, 1869. JOHN EVENS, L.R.C.P.

MEDICAL REGISTRATION.

H. M. B. should apply to the Registrar, Dr. Francis Hawkins, 32, Soho-square, London, W. He will have to transmit a statement of his qualifications, and if this accords with the certified lists of the licensing bodies he will be registered. The Registrar may require the applicant to attest his claim before a magistrate in case his name does not appear in the list and he does not produce diplomas. The Registrar may require a similar attestation if he is in any doubt about the identity of the person claiming registration. The fee for registration is £5.

Mr. J. Neill, (Aberdeen.)—We do not forward private answers. Our correspondent is alarming himself unnecessarily, and his symptoms are mainly due to his mental condition. Medicine will do him no good in this respect.

W. H. B., (Crickhowell.)—Yes, he can.

Vulcanite.—It has been done, and, if we remember aright, Hunter alludes to the fact in its physiological bearings. Whether or not it is practicable now is quite another matter. We do not know of anyone practising the art.

Mater Familias.—The subject shall be noticed in our next impression.

TIGHT-LACING.

WE were not surprised at the letter from "Not a Girl of the Period" in praise of tight-lacing. A correspondent asks what sort of a girl she is, and suggests, from her reference to a certain periodical, that she was one of those who wrote the articles in which it was declared to be delightful to be laced so tightly as to be almost unable to breathe. It was in the same periodical that the letters in praise of girl-flogging found a place. Now, if "A Girl of the Period" were so stupid as to take to tight-lacing, she might, perhaps, deserve a flogging, because she would be young, possibly good-looking, probably good-tempered, and only silly,—and her health and good temper would be worth preserving. But if a girl who is "not of the period" seeks to taste the delight of being laced too tightly to breathe, it may be as well for humanity if she carries out the experiment effectually, for she is proof against all advice and common sense; and like an occasional accident to a railway director, her actual death by suffocation might even do more good than her theories will do harm.

A Constant Reader.—We do not think the least reliance can be placed on the agent mentioned for the disease in question. It is, however, perfectly harmless. Why not consult some physician of experience, and be bound by his advice?

METALLIC POISONING.

To the Editor of THE LANCET.

SIR,—You have more than once directed attention to the variety of ways in which one is exposed to the dangers of lead-poisoning; and in THE LANCET of November 28th, 1868, "Look to your Saucepans" was the very salutary warning given by you, after certain observations made in France on the subject.

I have now to solicit attention to another article, which, if not in daily use, is, in its way, of sufficient importance to render the same precautions necessary as are applicable to cooking utensils or other vessels used for domestic purposes. I allude to metal syringes. In England these are generally made of pewter or other white metal; but in France, where the self-acting enemas, or "Eguisier's irrigateurs," are in vogue, they are composed of copper or brass. The latter are sometimes made of porcelain; but the tip and piston are always of some white metal, in which enters more or less of lead. As an example of the danger of employing these metallic syringes, or rather of the necessity of keeping them scrupulously clean, I beg to submit the following, which has just occurred in my practice.

About the middle of August I was called to see a lady, an old client of mine, suffering from vomiting and purging, attended with severe griping and colicky pains in the stomach and bowels, and a sense of constriction in the throat. The stools were copious, watery, and of a dark colour; urine scanty; thirst urgent; pulse small and irregular; surface cold, and bathed in perspiration; great prostration of strength.

Now, as we had a few cases of sporadic cholera about that time, I naturally concluded that this was one; but the patient having told me that these symptoms in a milder degree had occasionally occurred before, I was more than ever perplexed, as I could find no cause to account for them.

A few days ago she was seized with the same symptoms, when she said she had just taken a lavement, and further remarked that each time she took one, or after the vaginal injections I ordered her for leucorrhœa, she suffered more or less in the same way. My attention was drawn to a brass "irrigateur," which she used for both purposes, and which did not seem to be particularly clean. On taking up the instrument, some of the remnant of the liquid she had employed ran out by the pipe. This I found to be oily, and of a darkish-green colour, although the lavement was composed of simple water, olive oil, and salt. The interior of the instrument was loaded with verdigris, and no doubt lead in some of its forms, particularly the piston, which is indented, the irrigateurs being generally "tinned."

This case is only one of several which must have occurred from time to time under similar circumstances, the real cause not being known; and it has struck me that the great mortality among infants may in some measure be accounted for in this way, for we have only to call to mind the little attention that is paid to cleanliness in certain classes, and that the vessels employed by them are generally made of pewter or copper, in which cow's milk or other aliment is allowed to cool and ferment, which, acting on the metal, produces symptoms of slow poisoning or the gastro-intestinal affections so common among children fed by the hand. Even some of the feeding-bottles are open to this objection, and the only remedy is for those who cannot afford vessels of gold or silver, to use none other than those of earthenware, glass, or porcelain, or of any alloy not composed of copper or lead, or other pernicious metal.

I am, Sir, your obedient servant,
ALEX. BONCE, M.D.,
Paris, September 12th, 1869. Late of H.M. Indian Army.

ADVERTISEMENT.

A CORRESPONDENT writes to us that a week after sending postage stamps to the publishers of one of Dr. Abbotts Smith's books, he received the following notice, which we think highly unprofessional. We shall take an early opportunity of discussing this growing advertising tendency, which manifests itself even in quarters of the profession where we might have expected better things:—

"Dr. Abbotts Smith finds it necessary, in consequence of frequent disappointments to patients coming from a distance, to notify that his hours of attendance at his consulting rooms will, for the future, be from 10 A.M. to 1.30 P.M. daily (except on Sundays). He can be consulted at other times by previous appointment, or by letter.
22, Finsbury-square, London, E.C."

M.R.C.S., (Old-street.)—If our correspondent possesses evidence of what he states, it is clear that the case is one of fraud, and he might bring it to the notice of the Medical Council. The practitioners whose names have been used cannot, we imagine, be acquainted with the circumstances. If we were to publish our correspondent's letter, however, we should render ourselves liable to an action if there were any flaw existing in the evidence necessary to substantiate the charges.

Dr. Till.—We will endeavour to bear it in mind.

Mr. G. Beresford.—Thanks; but we do not think that any purpose would be served by a publication of the facts.

WANT OF MEDICINAL BATHS IN LONDON.

A CORRESPONDENT, who requires Barège baths, describes his abortive attempts to get sulphurous baths in anything like decent comfort or efficiency in London. The real preparation from Barège is not supplied, but something out of an old ginger-beer bottle, which is called Barège or Harrogate, according to the fancy of the proprietor. We agree with our correspondent in thinking the defective supply of baths in London very discreditable. He contrasts London and Paris. He says in Paris there must be at least fifty places where at five minutes' notice one can get any kind of medicated bath. In London not one! The contrast holds of the hospitals of the respective cities; for it is possible in Paris hospitals to have well-prepared medicated baths. Our correspondent would be thankful for information as to medicated baths in London.

THE *Peterborough Advertiser* of August 14th contains three paragraphs referring to a Dr. Beckett, of Ely. In one he is named as having performed "a very difficult operation" for fistula, which is said to have been "cut out of the body;" and the two other cases are those of accident. We do not, of course, charge Dr. Beckett with being a party to the appearance of these notices, which are rather calculated to lower the profession to a trade than to elevate it.

A. B. C.—We would rather decline giving an answer to our correspondent.

SWIMMER'S CRAMP.

To the Editor of THE LANCET.

SIR,—As your recent article on the above subject invites "the testimony of those who have experienced any kind of cramp in bathing," I feel no apology is necessary for troubling you with this letter.

I had a habit some years since of taking very long swims alone, and on three distinct occasions had leg-cramp in one leg to a very violent degree—indeed the last attack was so violent that I have not ventured out any great distance to sea since. I am quite confident, from my experience, that if the swimmer at the moment of seizure loses his presence of mind or self-possession, he will sink at once, and will not rise to the surface again. His case is completely hopeless; and I am further confident that, though the swimmer retains his presence of mind, if he be, say, half a mile out from shore at the moment of seizure, in the first instance, should he even lose it during any attempts to use the leg in which the cramp is, or because he finds he cannot use the leg after several unsuccessful efforts, he will sink like lead. I was fully half a mile out from shore when I had the first attack, and I made my leg as rigid as possible, including my foot. After swimming a little with one leg, and resting myself, I ventured to bend the seized leg just the least bit, whereupon I found the cramp returning; and thus I swam and rested until I found I could use the leg a little, and did so, cautiously refraining from the use of it when I felt the least symptom of a return. On my second attack I was further out at sea, and the cramp was even more violent, so much so that I was unable to use the seized leg until I got ashore. The last attack was in crossing a broad river with full tide and strong current flowing, when I had to allow myself to drift with the current, and for a long time could make no struggle for land, using my arms only sufficiently to keep myself afloat. In my opinion, it is not a safe course, when seized, to throw one's head back, to float without arm motion, as one has not thus sufficient command over the seized leg to keep it rigid, the best position being an erect one, with free use of the arms. I attributed my cramps very much to the fact that the peculiar motion of the leg in swimming, bringing muscles into play as it does which are never, except in swimming, exerted so violently, induces leg-cramp from weariness or over-exertion, and that I took too long a swim for the first time in the season. Of course, "gymnastic exercise" would be a most useful safeguard, as you say; but the strongest athlete should not, in my opinion, though a good swimmer, try a very long swim without previous practice.

My advice to swimmers seized with leg-cramp would be: On seizure make the leg as rigid as possible, ceasing the use of the other leg, and getting into an erect or standing position in the water, throwing the support of the body upon the arms; use neither of the legs for a little time until you feel satisfied that you are all right in this way, that you see you can keep yourself well afloat, and need not be alarmed; cautiously begin the use of the sound leg and arms, using the leg slowly, and without jerking it; then rest a little, and try both legs very cautiously, and on the slightest symptom of a return of the cramp drop your legs, as at first. If you cannot use either leg, keep erect, using your arms both to keep you afloat and to give direction. I think any swimmer who has had three attacks as I have had should not try a long swim on any account, as the mind will run upon the previous risks, and might induce cramp, or prostration of mind if cramp did come. I may add that in my case cramp did not come from fast swimming, or from the fact that I was a long time immersed, as I did not swim fast, and bathing agrees with me.

I remain, Sir, yours truly,
September 9th, 1869. AN OLD SWIMMER.

Q. E. D.—We cannot say, for we do not know, what medical man in London is entitled to be called most skilful in such cases. There is not an hospital surgeon in the metropolis that has not had experience therein. Let our correspondent ask his usual medical attendant, and be guided by his selection.

THE SOURCE OF VACCINE LYMPH.

To the Editor of THE LANCET.

SIR,—I have seen several letters lately from anti-vaccinators. One of them writes that Dr. Jenner obtained his lymph for vaccinating from the diseased heels of a horse. Now, being the near relative of the late Dr. Jenner, and having his papers on the cow-pox in his own handwriting, I beg to inform them such was not the case. The first person vaccinated was a boy, from lymph taken from the hand of a young woman, who caught the cow-pox from milking her master's cows. I have also the doctor's writings on the Origin of Tubercles in the Lungs, and his Comparative Dissections of the Diseased Lungs of Quadrupeds with Human Lungs. I am not a medical man, and there is now no relative of the late Dr. Jenner in the profession.

I am, Sir, yours faithfully,
Woodford, near Berkeley, Gloucestershire. GEORGE C. JENNER.
September 14th, 1869.

*** We should feel much obliged by our correspondent kindly forwarding us the MS. notes above alluded to, which shall be returned after perusal.

POISONING BY LABURNUM-SEEDS.

IT is curious that young animals rarely, if ever, kill themselves by eating poisonous vegetables. They instinctively reject what is injurious. It is not so with children, however, who generally eat anything they can get, and usually fail to resist the temptation of pleasant-coloured berries. The contrast between the human and other animals in this respect might supply the Duke of Argyle with a hint about prehistoric man. A few days ago an inquest was held at Leeds on the body of a girl named Barker. Eight or ten days previous the deceased became very ill, and a surgeon who was summoned found that her sufferings were caused by her having swallowed some of the poisonous seeds or pods of the laburnum, which she had obtained in the garden attached to her father's house. The remedies applied were ineffectual, and, after enduring much pain, the girl died. A verdict that she had been accidentally poisoned in the manner described was returned.

Dr. Williams.—Will our correspondent kindly forward us a copy of the communication dated the latter end of July to which he alludes.

Inquirer.—No. The licences mentioned are both medical licences. A surgical one would be necessary.

W. W., (L.S.A.)—We think our correspondent is not entitled to the fee.

MEDICAL SCHOLARSHIPS FOR WOMEN.

To the Editor of THE LANCET.

SIR,—As there are probably many medical men who have daughters not disqualified for the study of medicine, I venture to ask you to give insertion to the accompanying regulations for the medical scholarships now offered to women.

In the selection of subjects in both the compulsory and optional part of the examination, attention has been paid to the requirements of the various medical examining bodies for their preliminary or Arts examination; and as the standard adopted will be, as nearly as possible, that of the matriculation examination of the London University, those students who do well in the examination, even if they do not gain the scholarships, will not find it difficult to pass subsequently the Arts examination of the examining body whose diploma they may eventually desire to obtain.

The action of the Universities of Paris, Zurich, and Edinburgh makes it unnecessary to discuss whether women are to be allowed to practise medicine. The question is practically settled; and, being so, there seems to be no reason why the daughters of medical men should not be among the first to take advantage of the turn in the tide.

I remain, Sir, yours obediently,
August 30th, 1869. ELIZABETH GARRETT, L.S.A.

Medical Scholarships.

Two scholarships, each of the annual value of £50, tenable for three years, and to be awarded by competitive examination, are offered to women who wish to study medicine.

The examination for the scholarships will be held in London in June, 1870. Candidates must be under twenty-five years of age on the 1st day of January, 1870. The examination will be conducted by means of written papers on the following subjects:—

GROUP I.—COMPULSORY SUBJECTS.

1. Arithmetic. This subject will include Fractions, Decimals, Interest, and Proportion.
2. Algebra, to Simple Equations.
3. Euclid. First Three Books.
4. Elementary Mechanics.
5. English. Prose Composition and Grammar.
6. Latin. Easy translation into English and Grammar.

Candidates for the scholarships must satisfy the examiners on all the subjects in Group I.

GROUP II.—OPTIONAL SUBJECTS.

A.
1. Greek. Easy passages of Attic Greek for translation into English, and easy English sentences for translation into Greek, with questions on Grammar.
2. German. A Prose composition to be written in the language, with questions on Grammar.
3. French. Ditto.

B.
4. Natural Philosophy.
5. Chemistry.
6. Botany, including Vegetable Physiology.

Of the optional subjects, each candidate must select *two* upon which to be examined. The two subjects chosen must not be taken from the same division (A or B). No candidate will be allowed to take more than two of the optional subjects.

The scholars will be required to satisfy the donors from time to time that they are pursuing a regular course of medical study at a recognised school of medicine.

For further particulars apply to Miss Garrett, 20, Upper Berkeley-street, Portman-square, London.

VACCINATION AND SMALL-POX.

Mr. Meynell is thanked for his letter. He instances a case in which a few years ago small-pox broke out in a family near Ludlow. He vaccinated two of the children, who thereby escaped small-pox. The mother would not allow the vaccination of a new-born infant; it was attacked with small-pox when six days old, and died four days afterwards, covered with pustules from head to foot.

CHARITABLE BEQUESTS.

To the Editor of THE LANCET.

SIR,—As an executor under the will of the late Mrs. Rackham, of Pelham-crescent, Brompton, you will oblige me by correcting a statement, published without authority by the *Illustrated London News*, in reference to the charitable bequests made by that lady. The legacies, free of duty, are really as follows:—

To the Consumption and Cancer Hospitals at Brompton, each £1000; to the Incurable Hospital at Putney, £1000; and to the Westminster Ophthalmic Hospital, £500.

Your obedient servant,
Maida-vale, September 7th, 1869. W. F. CLEVELAND.

CLUB DOCTORS' ETIQUETTE.

Black Country.—If a man be a member of two Clubs, each possessing a surgeon, and be drawing money from both on account of sickness, the members of the Club whose surgeon is not in actual attendance unquestionably possess the right to satisfy themselves as to the nature of the man's case being such as to entitle him to the money of which he is in receipt. As a matter of etiquette, we think that the medical officer deputed to make the inquiry should confer with the surgeon in attendance. Strictly speaking, the professional courtesy ought to be the same in the case of private and club patients alike. We are bound to say, however, that our correspondent may be contented with the letter of which he forwards us a copy. It is clear that the medical man in no way interfered improperly; and quarrels and misunderstandings about insignificant matters between professional men do injury to the profession, and ought to be avoided as far as possible.

MEDICAL ADVERTISING.

WE are sorry to read in the *Jersey Express* of August 19th an advertisement by a Dr. Matthews, who styles himself Medical and Surgical Graduate of the University of Edinburgh, registered. This is not calculated to uphold the dignity and honour of a renowned University.

Mr. J. Williamson (Surgeon, Aberdeen) should apply to the Registrar-General.

INFANT FEEDING.

To the Editor of THE LANCET.

SIR,—In your "Notices to Correspondents," in THE LANCET of Sept. 4th, there is a paragraph with the above heading. To save disappointment to those who may be induced to feed their infants on milk-and-water, will you allow me to indicate one or two points, which are calculated to mar the complete success of those who follow the otherwise excellent advice contained therein?

First, as to sweetening the milk. Why should sugar be added? It is clear that if milk without sugar can sustain an adult for an unlimited number of years, surely it may be trusted to keep an infant for twelve months without sugar! The sugar so put in is not in a digestible form, and I am certain is harmful.

In the next place, you say "that enough boiling water should be added to new milk to raise its temperature to 100°." Now, the effect of putting boiling water to milk is to scald it; and scalding, by its antiseptic action on milk, renders its elements more fixed, and therefore less easy to be converted into chyme by the stomach—in fact, less digestible. My invariable practice is to warm the mother or nurse not to put any sugar in, and not to boil or scald the milk, but to use purely and simply warm milk-and-water, the only natural and all-sufficient substitute for the breast; and where these instructions are faithfully carried out, success invariably follows.

As to your remark that "boys are more difficult to rear than girls," which lacks any physiological basis, I would merely say that I have never observed any difference. My youngest of seven children is now nearly seven months old, is kept entirely on milk-and-water, is a boy, and is certainly fat, fair, and *forte*. The other six also prospered on the same diet during the thirteen or fourteen months of their infancy.

An about 300,000 deaths in this kingdom alone occur annually, which might easily be prevented if the principles of infant feeding were rightly understood and generally acted upon, I need hardly say the subject is a most important one, or that it offers an enormous field, in which the noblest privilege of our profession, the saving of life, may, and I trust will, be vigorously exercised.

Yours obedien ly,

Putney-hill, S.W., Sept. 13th, 1869. SELBY NORTON, M.D.

Mr. J. Johnson.—We are not prepared to advise our correspondent as to consulting the gentleman in question, who, by the way, is not a Doctor of Medicine. His work may be good, although it is extolled by papers which are not supposed to be capable of good criticism on the subject; but our correspondent is right in not attaching any importance to their opinions.

A HARD CASE.

W. H. G.—We will gladly receive any contribution for the poor woman.

Mr. W. Watson (Manchester) should consult some respectable practitioner. We do not prescribe.

J. H. D.—Certainly not. Our correspondent would require the diploma of one of the Colleges of Surgeons.

Mr. Gumpel's reply to Mr. Heath's letter, which appeared in THE LANCET of August 21st, arrived too late for insertion in the present number.

THE important letter of *An Old Bartholomew's Student* shall receive attention.

FOREIGN DEGREES.

To the Editor of THE LANCET.

SIR,—I have read with pleasure in your issue of this day the letter from Dr. Pitman, the Registrar of the Royal College of Physicians, London, correcting an error into which a writer in your usually well-informed journal had fallen in reference to the examination for the licence of that College.

There is another subject on which I believe your contributors, unintentionally probably, hardly do justice to a number of respectable members of the profession. I allude to the matter of foreign degrees. The writers I refer to are in the habit of speaking of degrees conferred elsewhere than in the United Kingdom as though they could be obtained in an unworthy manner. Such remarks must cause pain to graduates of such Universities as France, St. Petersburg, Vienna, Berlin, Heidelberg, and others. But the mouths of most of them are stopped, fearing that they may appear to be "puffing" their own attainments. Whatever may have been the custom formerly, I can speak with authority in reference to Germany for a number of years past, that it has not been possible for anyone to obtain a degree there without proof of a previously good medical and general education, and passing an examination at the University where the degree is conferred. This refers particularly to the Universities of Vienna, Munich, Heidelberg, Würzburg, Berlin, Bonn, Göttingen, Giessen, and Erlangen. Now that the Medical Act is really to be revised, the subject of foreign degrees ought to be thoroughly ventilated.—Yours faithfully,

F. R. FAIRBANK, M.D. Heidelberg, L.R.C.P. Lond.

Lynton, North Devon, Sept. 4th, 1869.

CARBOLIC ACID IN MALARIOUS FEVER.

Dr. H. H. C. Tessier, late Medical Superintendent of the Poor-law Commission, Mauritius, forwards to us his experience of this agent, administered hypodermically in the treatment of malarious forms of fever. He says that out of thirty patients so treated, two-thirds were cured—some permanently, and others until a further residence in a malarious district again subjected them to the influence of the poison. He injected once, and sometimes twice, daily for three days, from twenty to forty minims of the following:—Pure carbolic acid, sixteen minims; distilled water, one ounce. And our correspondent suggests that it might be worth trying the effect of this remedy in other diseases, such as small-pox, scarlatina, typhus, and typhoid fevers.

WORKING MAN'S MEDICAL CLUB.

A Stranger.—We probably do not fully understand our correspondent's scheme; but as far as we do understand it, we do not much admire it. The terms are too low, and to publish such a scheme, and forward it to private patients, would not be in good taste.

Mr. Rosier Merry, (Hemel Hempstead.)—In an early number.

A. B. C., (Isle of Wight.)—No.

THE obituary of Dr. Christie (Aberdeen) is in type, and shall appear in our next number.

A. J. F.—Let our correspondent consult the Students' Number of THE LANCET, published last week, where he will find full particulars.

Dr. Archer Farr.—Too late for this week.

Mr. J. W. Read (Sydney) shall receive a private note.

ERRATUM.—In our tabular statement last week, the hour at which the introductory lecture of Professor Johnson would be delivered at King's College was given as 2 o'clock. It should have been 3 P.M.

COMMUNICATIONS, LETTERS, &c., have been received from—Prof. Gamgee, Birmingham; Dr. Brown-Séquard, Paris; Mr. Savory; Dr. Letheby; Dr. Farr; Dr. Potherby; Dr. Carr, Blackheath; Mr. Foster; Dr. Martin; Sir Henry Chamberlain, Bruges; Rev. E. Bartrum; Mr. Wesley; Dr. Allen; Messrs. Chapman; Mr. John Clay, Birmingham; Mr. Neill; Dr. Ross, Stoke-on-Trent; Messrs. Keen; Mr. Ball; Mr. Poore; Mr. C. R. Weaver; Mr. Terry; Mr. Weare; Mr. Wilton, Godalming; Mr. King; Mr. Dehane, Wolverhampton; Mr. W. Watson, Manchester; Dr. Davies, Morriston; Mr. Ford; Mr. Jenner; Mr. Fagge, Lutterworth; Mr. Thomas; Dr. Long, Canning Town; Mr. Parr, Scarborough; Dr. Crombie, Aberdeen; Mr. Prue; Dr. Chapman; Dr. Quinlan, Dublin; Mr. Lilly; Mrs. Clarke, Gloucester; Mr. Platt; Dr. Soutar, Golspie; Dr. Sidebottom, Montrose; Mr. Gumpel; Mr. Merry, Hemel Hempstead; Mr. Beatty, Dublin; Mr. Wales, Portsea; Mr. Wood, Leamington; Mr. O'Connor; Mr. E. Brown, Mountain Ash; Dr. Nichol; Mr. Wadd; Dr. Sutcliffe, Sheerness; Mr. Theobald; Dr. Boggs, Paris; Mr. Thompson, Chichester; Mr. Weale; Mr. Clements; Mr. Cook; Dr. Lindsay, Glasgow; Mr. Arkell, St. Neots; Dr. Ewens, Cerne Abbas; Mr. Sproule; Dr. Borham, Halstead; Dr. Morgan; Mr. Girdlestone, Melbourne; Mr. Robinson; Mr. Beresford, Torquay; Mr. Hopgood; Dr. Jay, Scarborough; Mr. Read, Burwood, Sydney; Mr. Johnstone; Mr. Evans; Mr. Hardwicke; Dr. Suffield, Birmingham; Mr. T. H. Brocklehurst, Manchester; Dr. Wrangham; Mr. Horne; Mr. Fleischmann; Mr. Williamson; Mr. Lane; Dr. Morton, Putney; Mr. P. Smith; Mr. Whiteman; Dr. Usher, Hull; Mr. Wilding; Mr. Drysdale; Mr. Edwards, Lyme Regis; Dr. Perry, Glasgow; Dr. Henning, Chester; Mr. Berens; Dr. Mulvany; Mr. Hunt; Dr. Anderson; Dr. Duncan, Glasgow; Mr. Pratt; Dr. Munro, Radstock; Mr. Maunder; Mr. Wilson; Dr. Fairbank, Lynton; Dr. Morton, Glasgow; Dr. Ward, Douglas; Mr. Hayues; Mr. Wilcox, St. Neots; Mr. Barrow, Southlands; Mr. Banks, Ripley; Mr. Hyatt; Mr. Barber; Mr. Marshall; Mr. Crouch; Mr. Thomson; Mr. Baillie; Mr. Austin; Mr. Edge; Mr. Wells, Hampton; Dr. Morrison; Dr. Ward, March; Dr. Maclure; Dr. Gardes; Dr. Coats, Glasgow; Dr. Ure, York; Mr. Wilders; Mr. Keudie, Westerham; Mr. Gillingham; Dr. Johnston, Dublin; Mr. Sioss, Manchester; Rev. T. H. Cole; Mr. Hughes; Mr. R. Ashwell; Mr. Burnett; Mr. Mayo, Winchester; Dr. Hall; Mr. E. Jones; Mr. Brown; Mr. Morgan, Welshpool; Mr. Fowler; Dr. Warburton; Dr. Heslop, Birmingham; Dr. Moore, Rajpootana; Dr. Tessier; Dr. Smith, Brussels; Mr. Sagar; Dr. McCormac, Belfast; Mr. Land; Dr. Hickson, Scarborough; Dr. Bennett; Mr. Heine; Dr. Millar, Edinburgh; Mr. Hart; Mr. Young, Kettering; Mr. Siddall, Alfreton; Dr. Steele; Dr. Keith, Edinburgh; Dr. Macnab; Mr. Cleveland; Mr. Meymott; Mr. Walford; The Military Secretary, India Office; J. P.; A Constant Reader; F.R.C.S.; A Subscriber; Mater; M.D.; &c. &c.

Australian Medical Journal, Brighton Gazette, Birmingham Daily Post, Gateshead Chronicle, New York Druggist's Price Current, Banks Herald, Birmingham Daily Gazette, Allahabad Pioneer, Brighton Daily News, Kidderminster Times, Scarborough Gazette, Reigate Journal, Delhi Gazette, Athenæum Daily News, New York Medical Gazette, Brighton Guardian, Indian Medical Gazette, Aberdeen Journal, Australian Medical Gazette, Lincoln Standard, Chester Chronicle, Elgin Gazette, Mining Quarterly, Chicago Tribune, Liverpool Albion, La Santé Publique, and *Lincolnshire Chronicle* have been received.

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Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday; those from the country must be accompanied by a remittance.